

FIG. 1

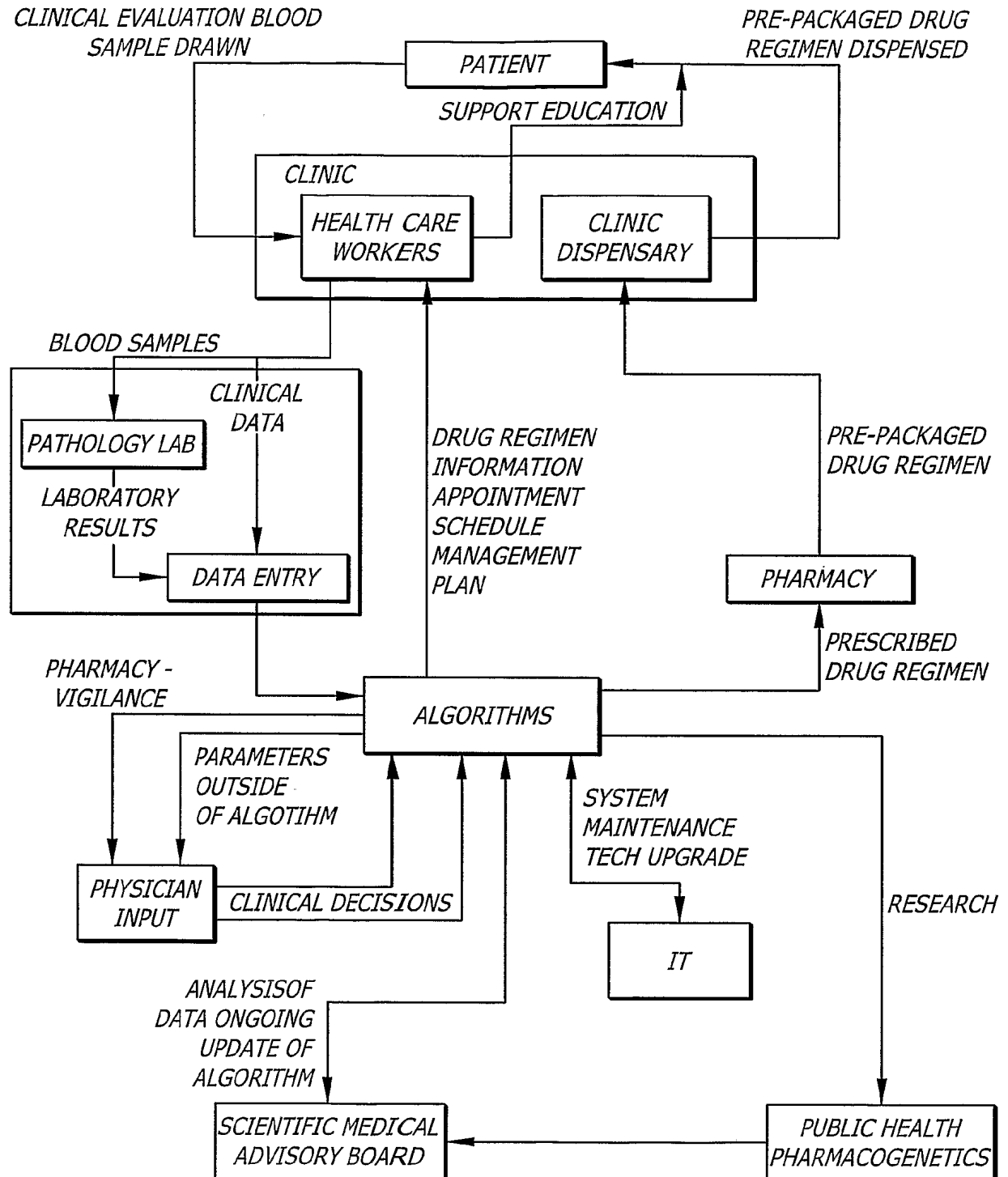


FIG. 2.1

		Form Number		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			
Date Prepared		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	

<b>ASSESSMENT ART FORM</b>							
Date of birth		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Height		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	cm			
Weight		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	kg on		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Now on antiretroviral medicine for HIV/AIDS?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes					
USE FOLLOW-UP FORM							
Documented positive HIV tests		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
Location:		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		Date		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Location:		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		Date		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
<b>Previous ART exposure</b>							
PEP		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
PMTCT		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
ART interrupted		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
<b>Treatment Readiness</b>							
Do you want to be on medicine for AIDS?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No				
Drug literacy training complete		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No				
Adherence training complete		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No				
Social worker consultation complete		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No				
Home visit complete		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No				
<b>Gender</b>							
For Female:		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Male	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Female				
Are you pregnant?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Maybe			
Are you able to have children?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
Do you want to have children at this time?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No				
Are you using reliable contraception?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
<b>WHO Stage</b>							
WHO Clinical Stage 1		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> 1	<b>Defining Condition</b>				
WHO Clinical Stage 2		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> 2					
WHO Clinical Stage 3		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> 3					
WHO Clinical Stage 4		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> 4					
Pneumocystis Pneumonia - current or previous		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
Thrush - persistent		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
<b>Cotrimoxazole</b>							
Allergic to cotrimoxazole?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
Was cotrimoxazole dispensed?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
Cotrimoxazole pill count - Is patient compliant?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
Has patient kept 3 appointments in a row?		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
<b>Pain and/or tingling in hands and/or feet?</b>							
Pain and tingling do not cause a problem walking		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
Pain and tingling > 3 days - non-narcotic analgesia required		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Mild					
Walks with great difficulty - narcotic analgesia required		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Moderate					
Unable to walk - narcotic analgesia does not help		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Severe					
		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Incapacitating					
<b>Psychological problems now or in the past</b>							
Depression - overwhelming sadness, not related to any event		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Yes	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Unknown			
Thoughts or attempts of suicide		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Depression					
Previous mental illness requiring treatment/hospitalization		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Suicide					
		<div style="border: 1px solid black; width: 40px; height: 20px;"></div> Mental Illness					

FIG. 2.2

<b>Nevirapine</b>													
Have you ever taken Nevirapine?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Nevirapine Skin Rash		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Redness, itching		<input type="checkbox"/> Mild											
Diffuse rash, dry and peeling		<input type="checkbox"/> Moderate											
Blisters, moist peeling, sores		<input type="checkbox"/> Severe											
Severe redness, ulcers, skin sloughing off		<input type="checkbox"/> Incapacitating											
<b>Regimen Failure</b>													
Has the patient failed Regimen 1a		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Virologic failure		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Therapeutic failure (side effects)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Has the patient failed Regimen 1b		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Virologic failure		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Therapeutic failure (side effects)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Nevirapine Resistant - proven		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
<b>TB</b>													
Are you being treated for active TB now?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Treatment for active TB in the past 2 years?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Is your treatment for active TB complete?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Date active TB treatment started		<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D				
Are you taking Isoniazid to prevent TB now?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Date Isoniazid treatment started		<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D				
Cough > 2 weeks		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Fever > 2 weeks		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Night sweats		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Weight loss > 1.5 kg in past 4 weeks		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Sputum tested for TB in the last 3 months?		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Result of TB sputum test		<input type="checkbox"/> Positive		<input type="checkbox"/> Negative									
<b>LABS</b>													
	Previous		Previous		Previous		Previous		Previous		Current		
Date													
Weight													kg
CD4													c/mL
Viral Load													c/mm <sup>3</sup>
Liver – ALT													U/L
Hemoglobin													g/L
Neutrophils													/mm <sup>3</sup>
Lipase													U/L
Creatinine													umol/L
MCV													fL
Platelets													10 <sup>9</sup> /L
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	

Form Filled in by \_\_\_\_\_

Title \_\_\_\_\_

FIG. 3.1

		Form Number		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>			
Date Prepared		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
<b>FOLLOW-UP ART FORM</b>							
Date of birth		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Height		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	cm			
Weight		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	kg	on	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Y Y Y Y		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
M M		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
D D		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
<b>Documented positive HIV tests</b>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>			
Location:							
Date		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Location:							
Date		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
<b>Now on antiretroviral medicine for HIV/AIDS?</b>							
No							
Yes		Check drugs in regimen:					
1A:		<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">EFV Stocrin (Efavirenz)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">d4T Zerit (Stavudine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">3TC  (Lamivudine)</div>			
1B:		<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">NVP Virumine (Nevirapine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">d4T Zerit (Stavudine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">3TC  (Lamivudine)</div>			
2:		<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">ddl Videx (Didanosine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">AZT Retrovir (Zidovudine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">Lopinavir/ Rilanovir Kaletra</div>			
Other:							
<b>Adherence</b>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<80%	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	80-90%	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	90-95%
<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		>95%					
<b>Regimen Failure</b>							
Has the patient failed Regimen 1a		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Virologic failure		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Therapeutic failure (side effects)		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Has the patient failed Regimen 1b		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Virologic failure		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Therapeutic failure (side effects)		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Nevirapine Resistant - proven		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
<b>Gender</b>		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>				
<b>For Female:</b>							
Are you pregnant?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Are you able to have children?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Do you want to have children at this time?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Are you using reliable contraception?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
<b>WHO Stage</b>		<b>Defining Condition</b>					
WHO Clinical Stage 1		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
WHO Clinical Stage 2		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
WHO Clinical Stage 3		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
WHO Clinical Stage 4		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
Pneumocystis Pneumonia - current or previous		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Thrush - persistent		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
<b>Cotrimoxazole</b>							
Allergic to Cotrimoxazole?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Was Cotrimoxazole dispensed?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Cotrimoxazole pill count - Is patient compliant?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Has patient kept 3 appointments in a row?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
<b>Pain and/or tingling in hands and/or feet?</b>		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Pain and tingling do not cause a problem walking		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
Pain and tingling > 3 days - non-narcotic analgesia required		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
Walks with great difficulty - narcotic analgesia required		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
Unable to walk - narcotic analgesia does not help		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					

FIG. 3.2

<b>Psychological problems now or in the past</b>		Yes	No	Unknown
Depression - overwhelming sadness, not related to any event		Depression		
Thoughts or attempts of suicide		Suicide		
Previous mental illness requiring treatment/hospitalization		Mental illness		

<b>Nevirapine</b>		Yes	No	Unknown
Have you ever taken Nevirapine?		Yes	No	Unknown
Nevirapine Skin Rash				
Redness, itching		Mild		
Diffuse rash, dry and peeling		Moderate		
Blisters, moist peeling, sores		Severe		
Severe redness, ulcers, skin sloughing off		Incapacitating		

<b>TB</b>		Yes	No	Unknown
Are you being treated for active TB <b>now</b> ?		Yes	No	Unknown
Treatment for active TB in the past 2 years?		Yes	No	Unknown
Is your treatment for active TB complete?		Yes	No	Unknown
Date active TB treatment started		Y Y Y Y	M M	D D
Are you taking Isoniazid to prevent TB now?		Yes	No	Unknown
Date Isoniazid treatment started		Y Y Y Y	M M	D D
Cough > 2 weeks		Yes	No	Any 1 "yes" get sputum for smear and culture
Fever > 2 weeks		Yes	No	
Night sweats		Yes	No	
Weight loss > 1.5 kg in past 4 weeks		Yes	No	
Sputum tested for TB in the last 3 months?		Yes	No	
Result of TB sputum test		Positive	Negative	

<b>LABS</b>													
	Previous		Previous		Previous		Previous		Previous		Current		
<b>Date</b>													
Weight													kg
CD4													c/mL
Viral Load													c/mm <sup>3</sup>
Liver – ALT													U/L
Hemoglobin													g/L
Neutrophils													/mm <sup>3</sup>
Lipase													U/L
Creatinine													umol/L
MCV													fL
Platelets													10 <sup>9</sup> /L
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	

Form Filled in by \_\_\_\_\_

Title \_\_\_\_\_

FIG. 4.1

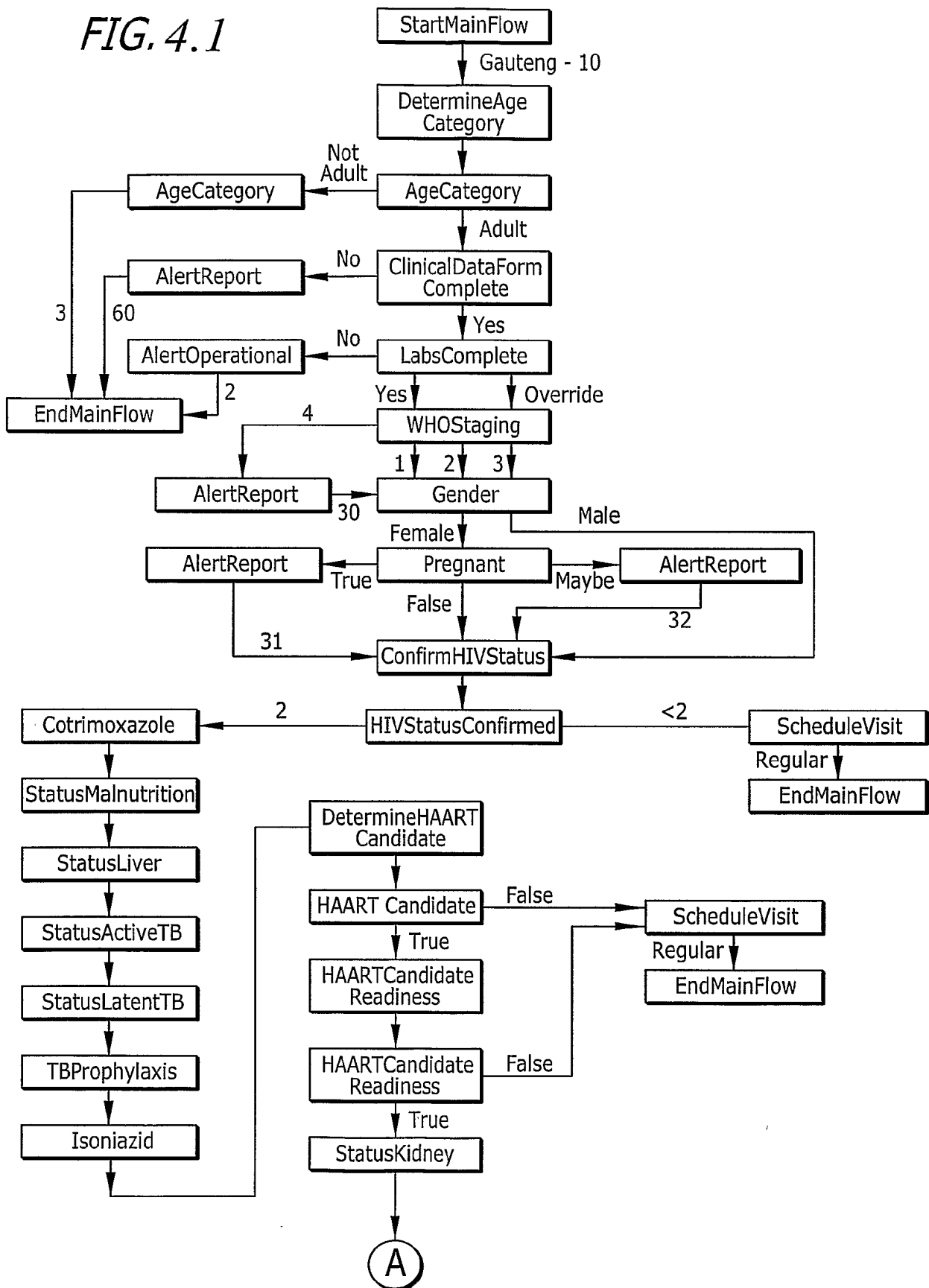
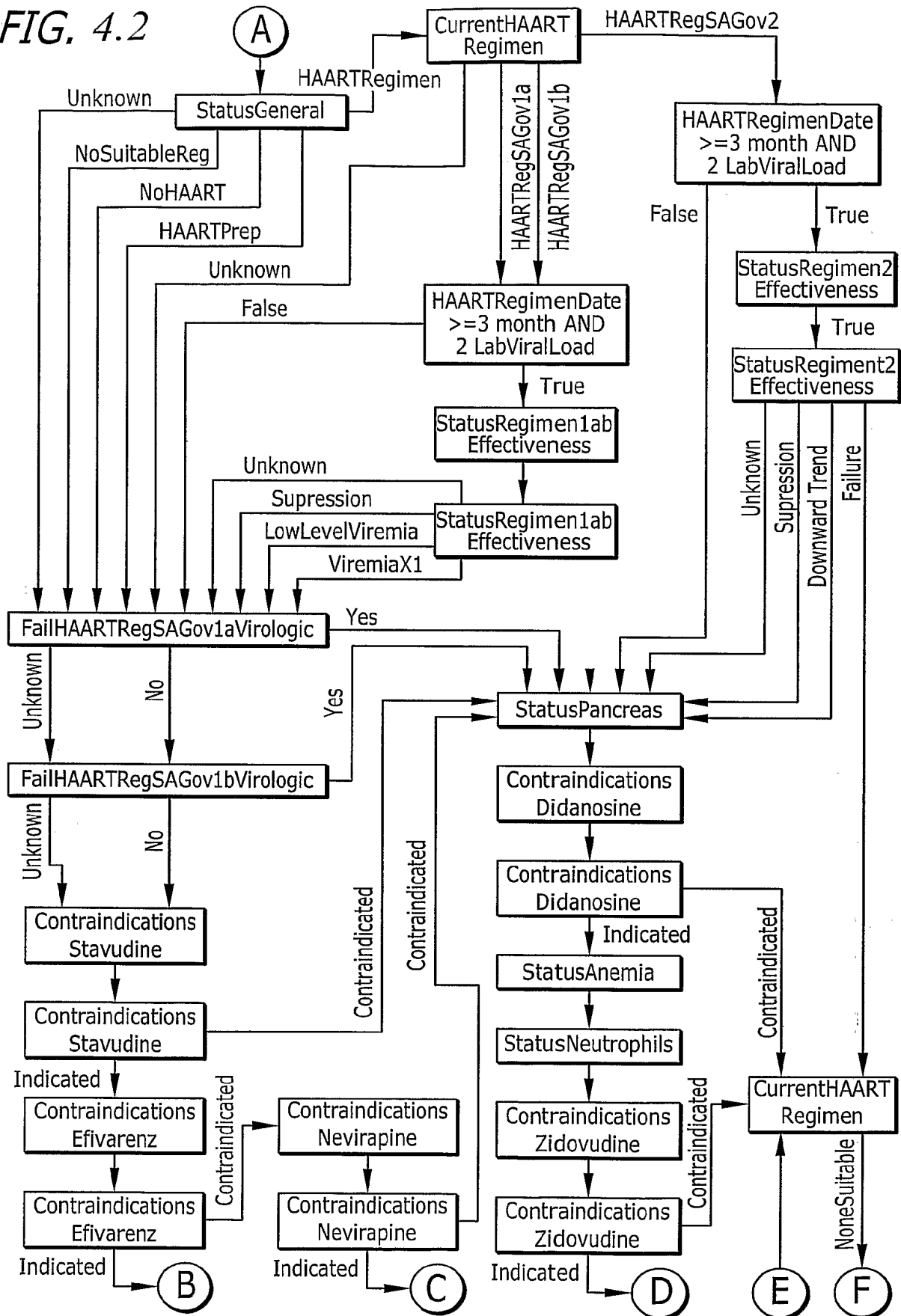


FIG. 4.2



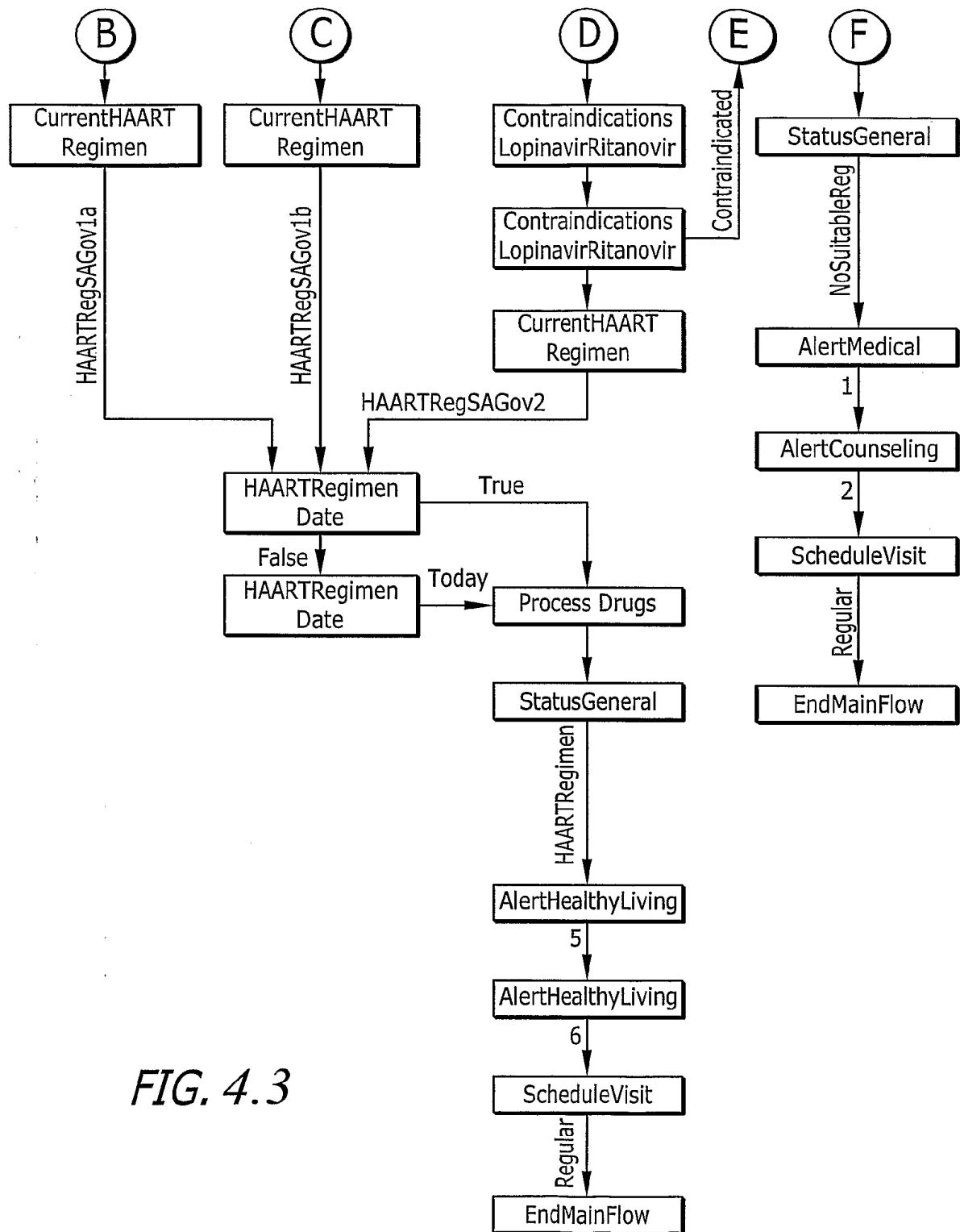


FIG. 4.3



FIG. 5

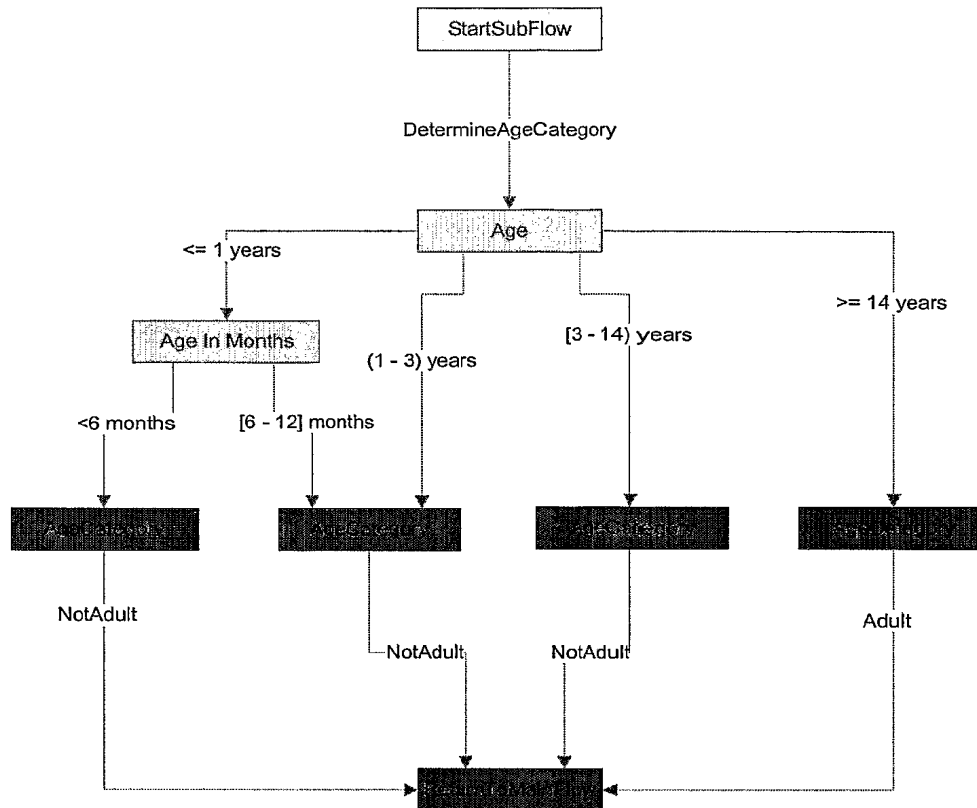


FIG. 6

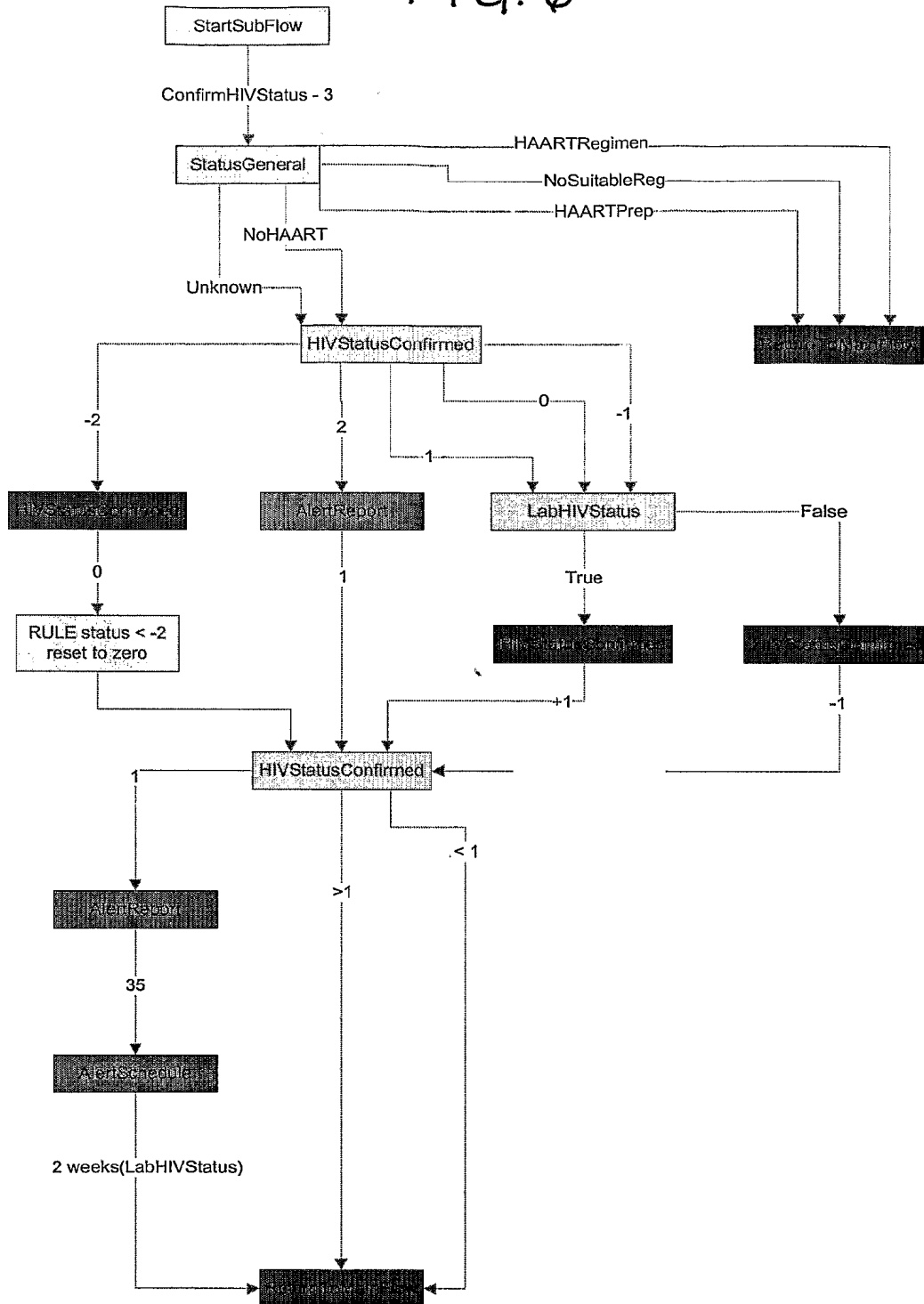










FIG. 11

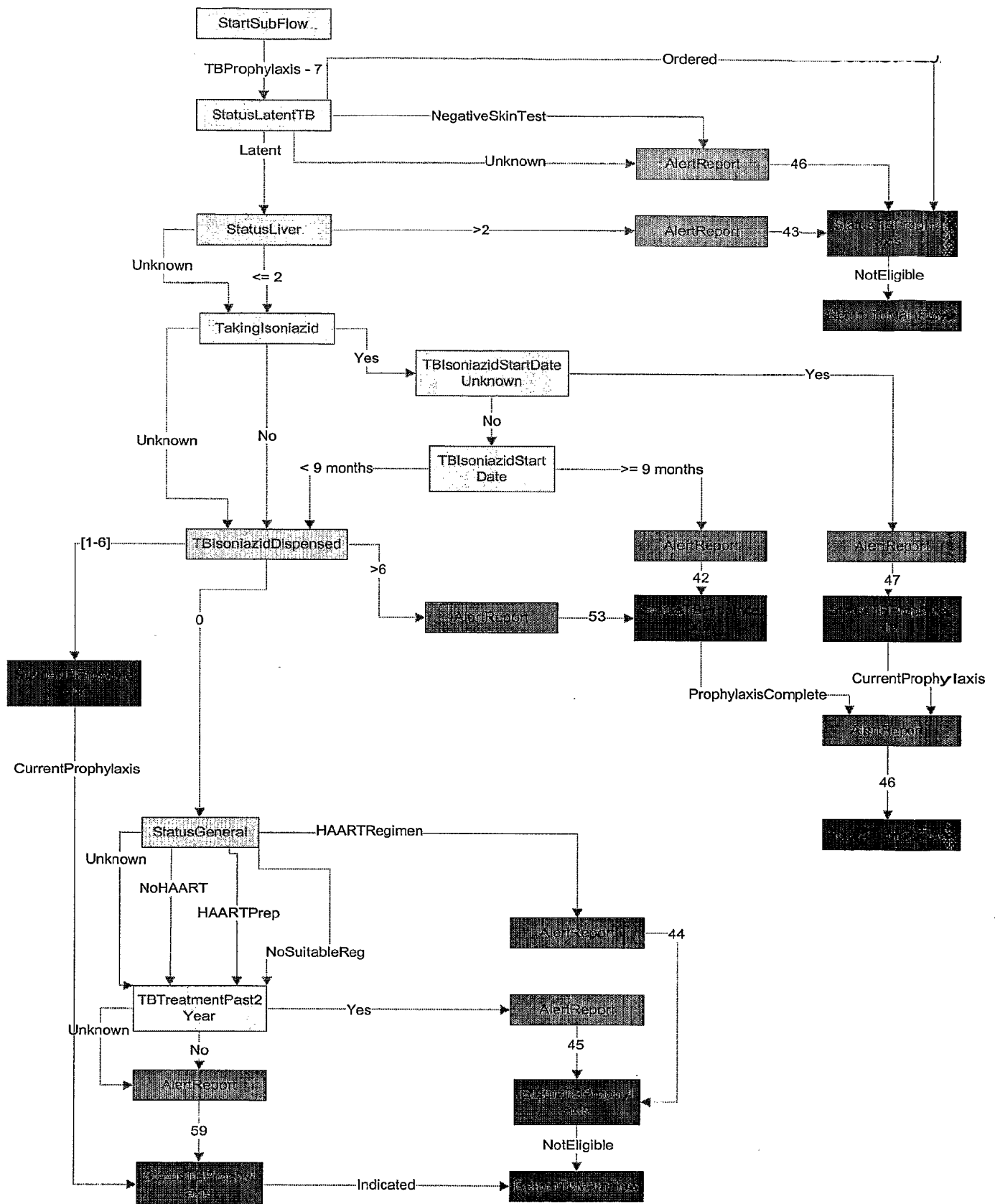


FIG. 12

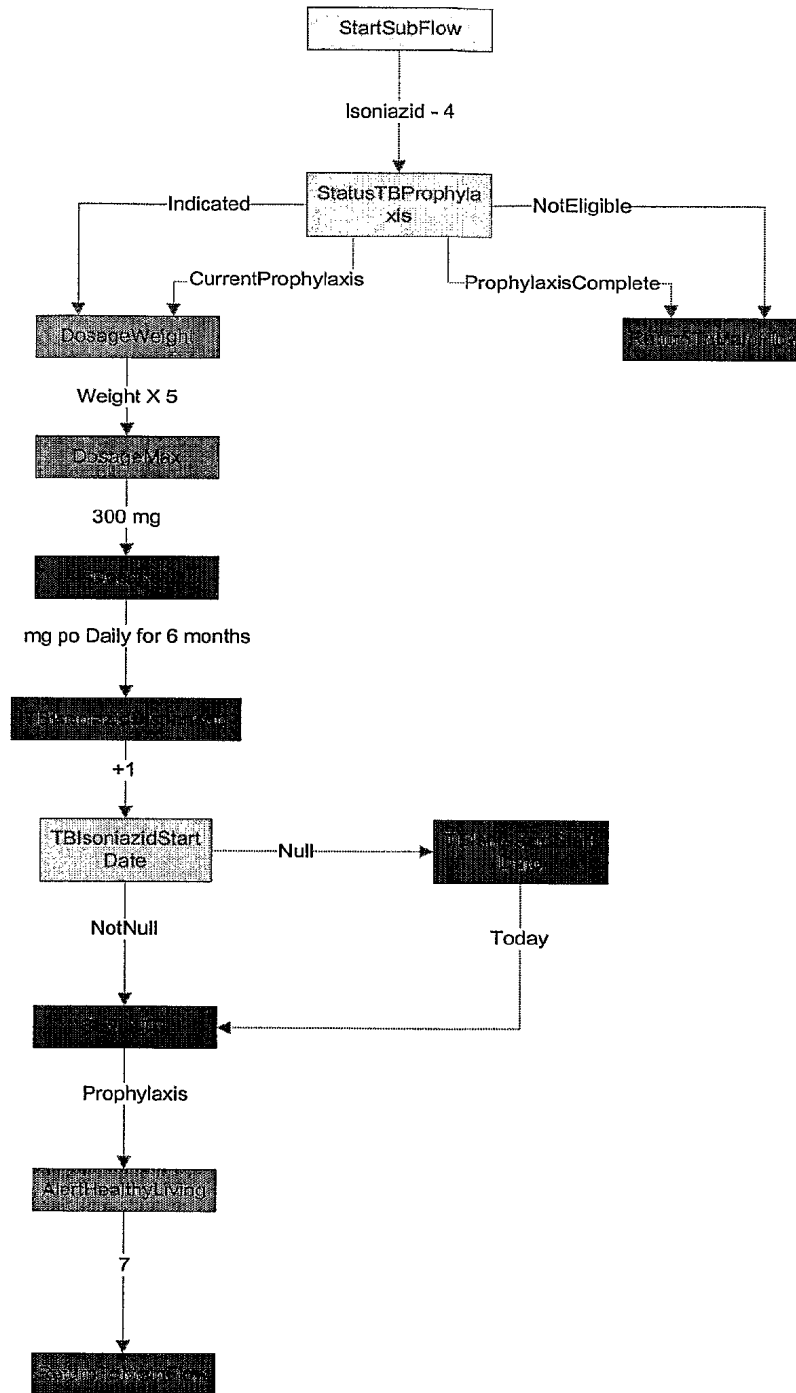




FIG. 13

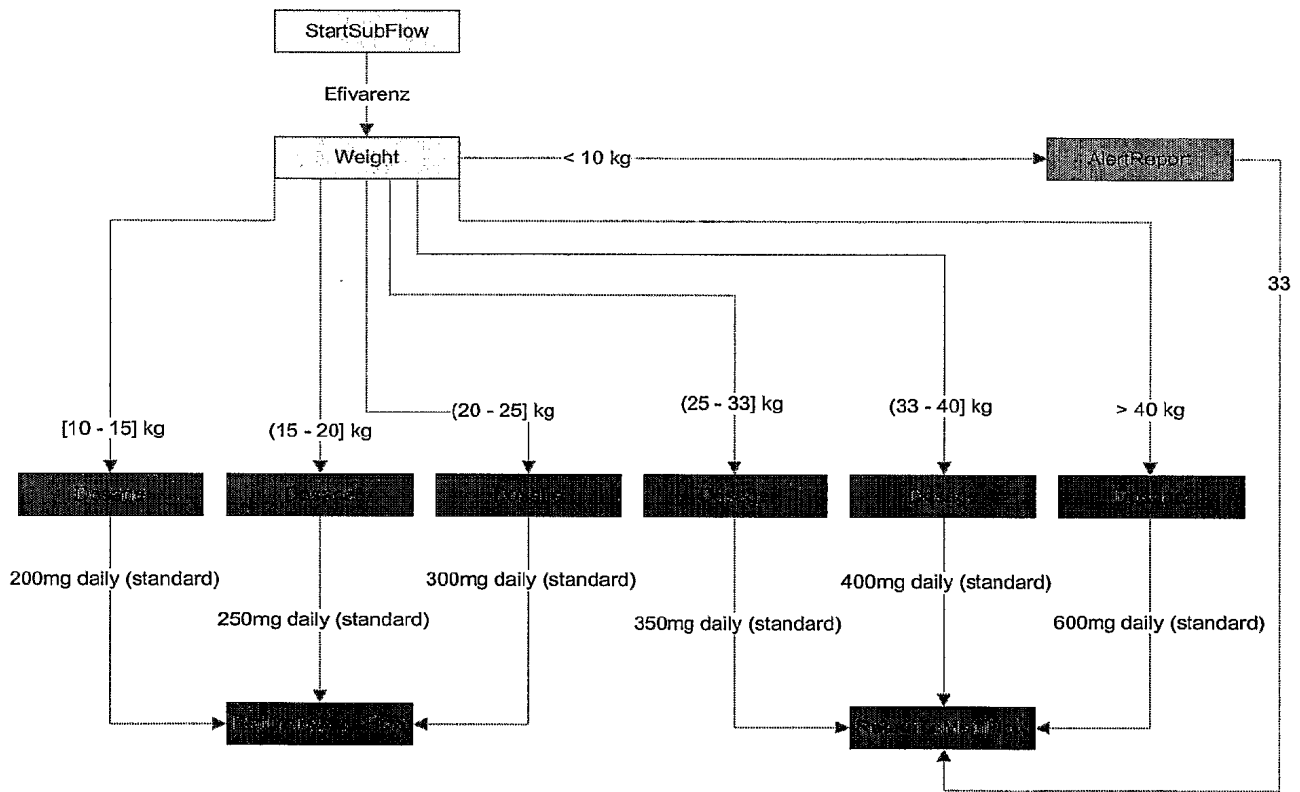


FIG. 14

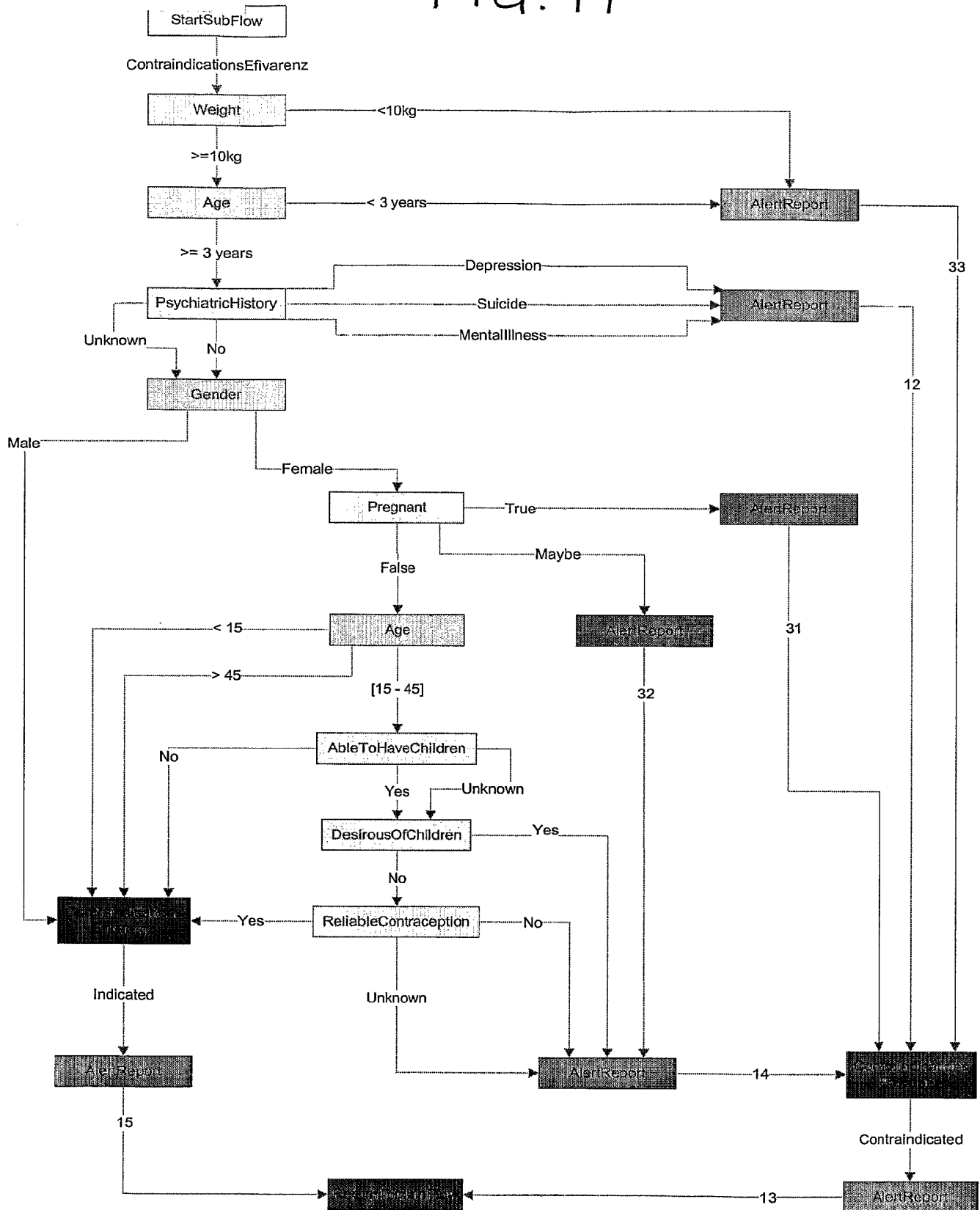


FIG. 15

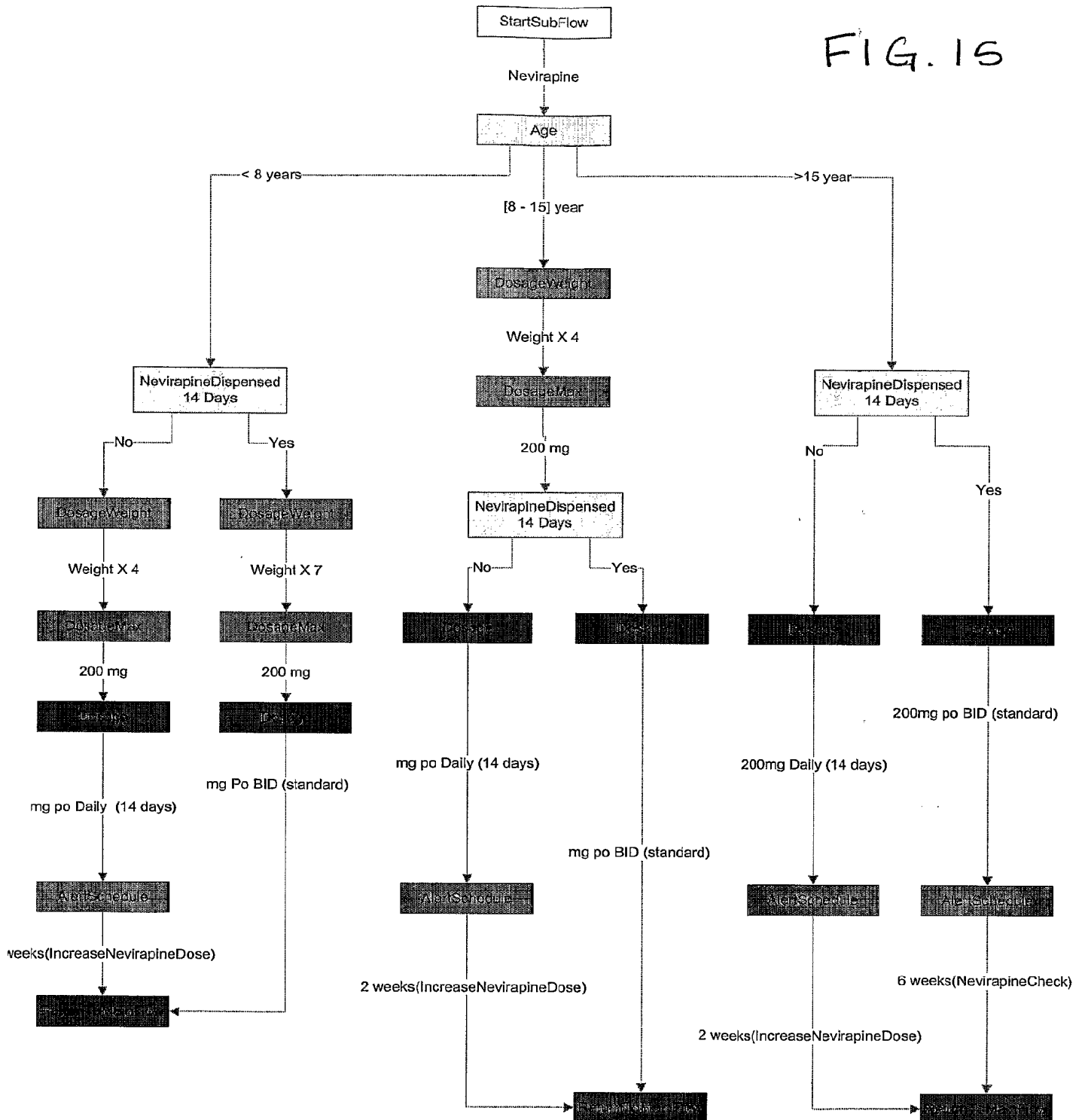


FIG. 16

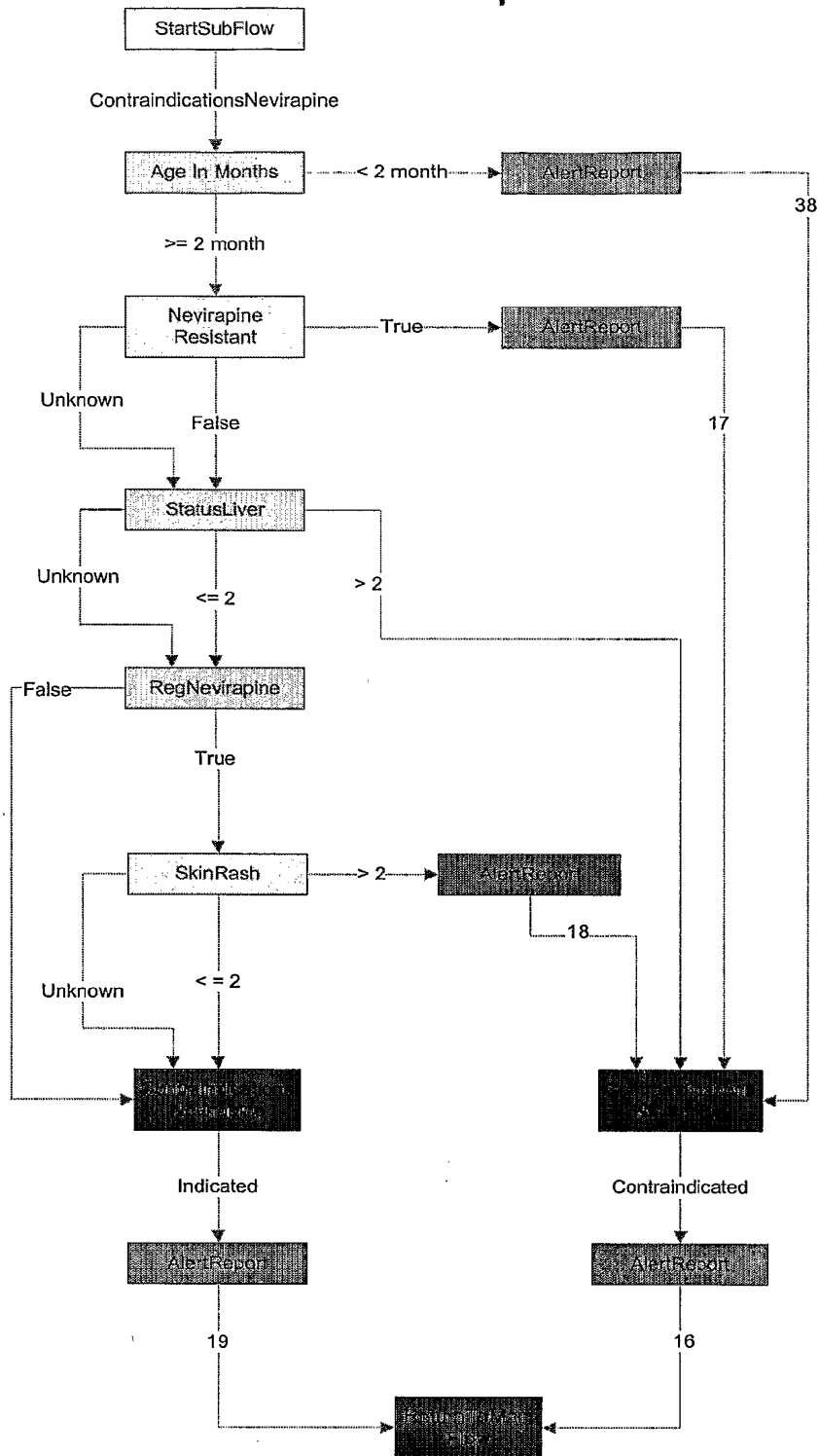


FIG. 17

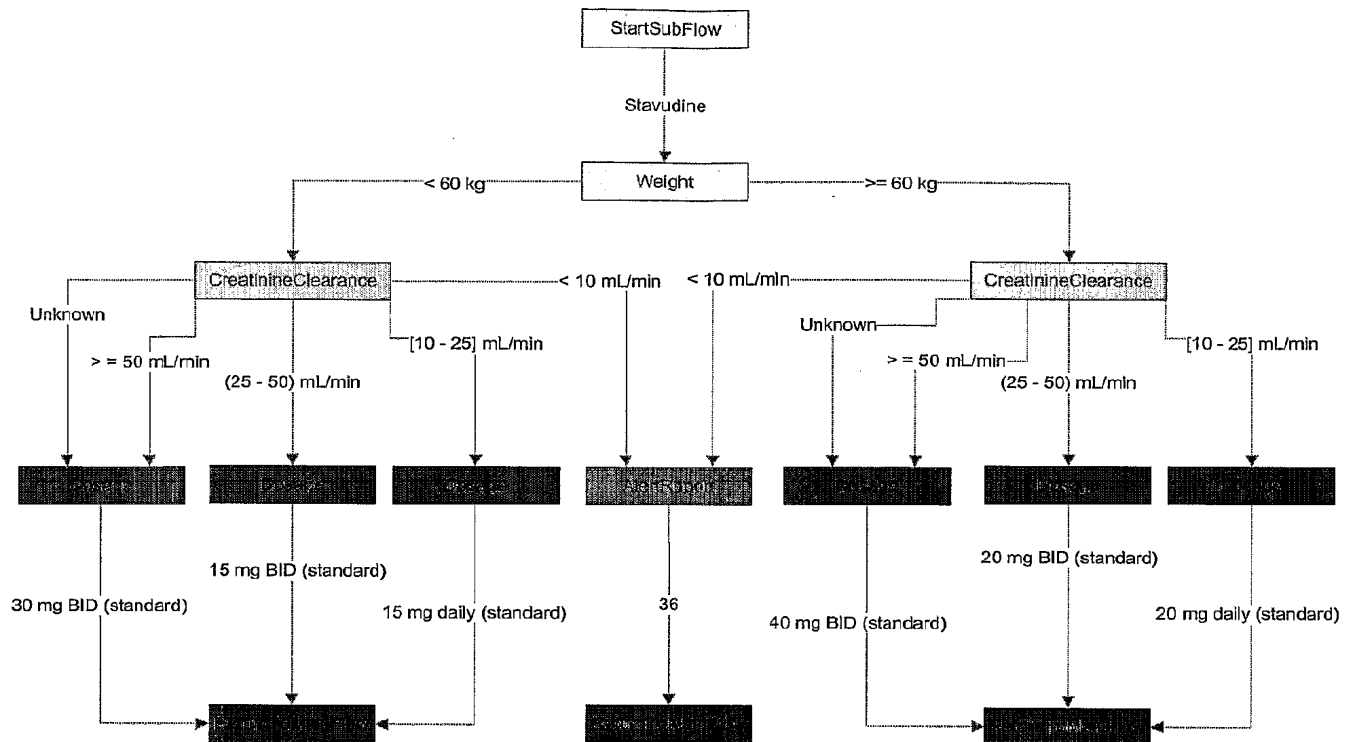


FIG. 18

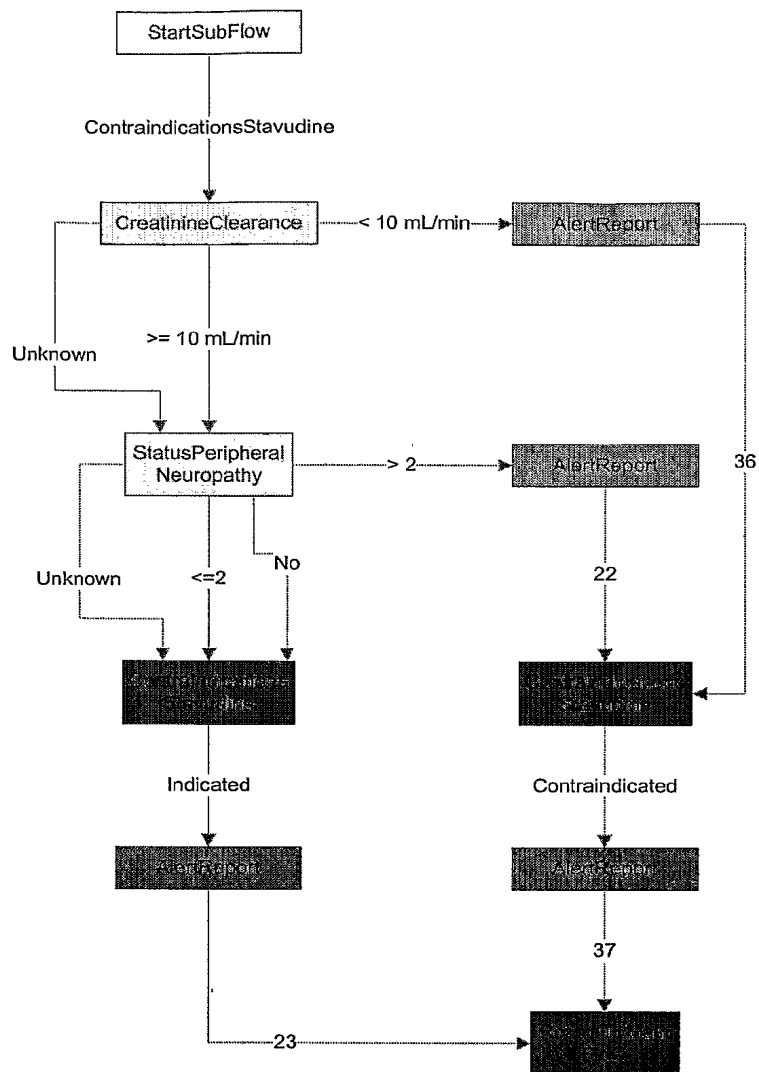


FIG. 19

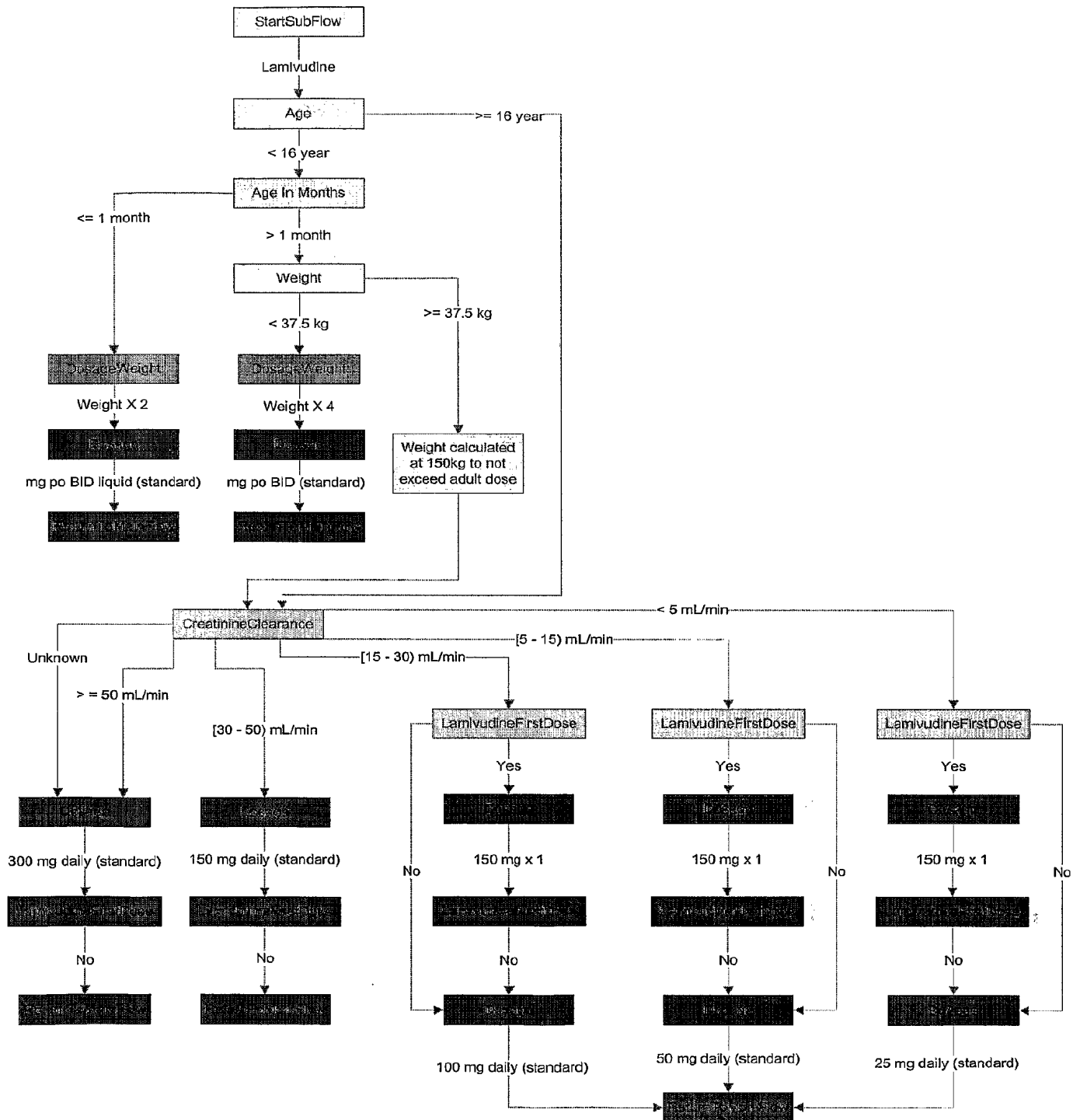
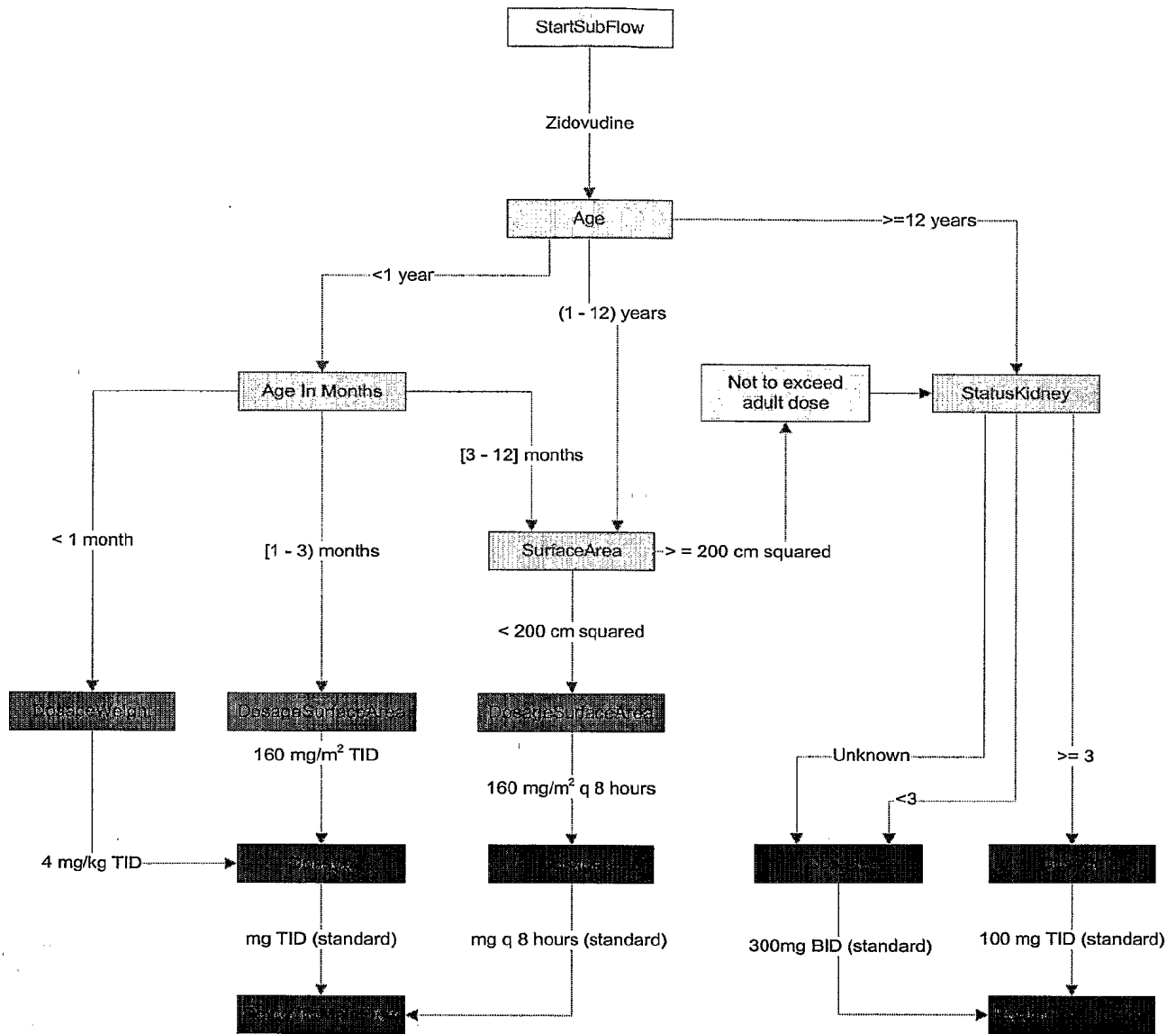


FIG. 20



$$SA = \text{Height[cm]} * (\text{Weight[kg]} / 36)$$



FIG. 21

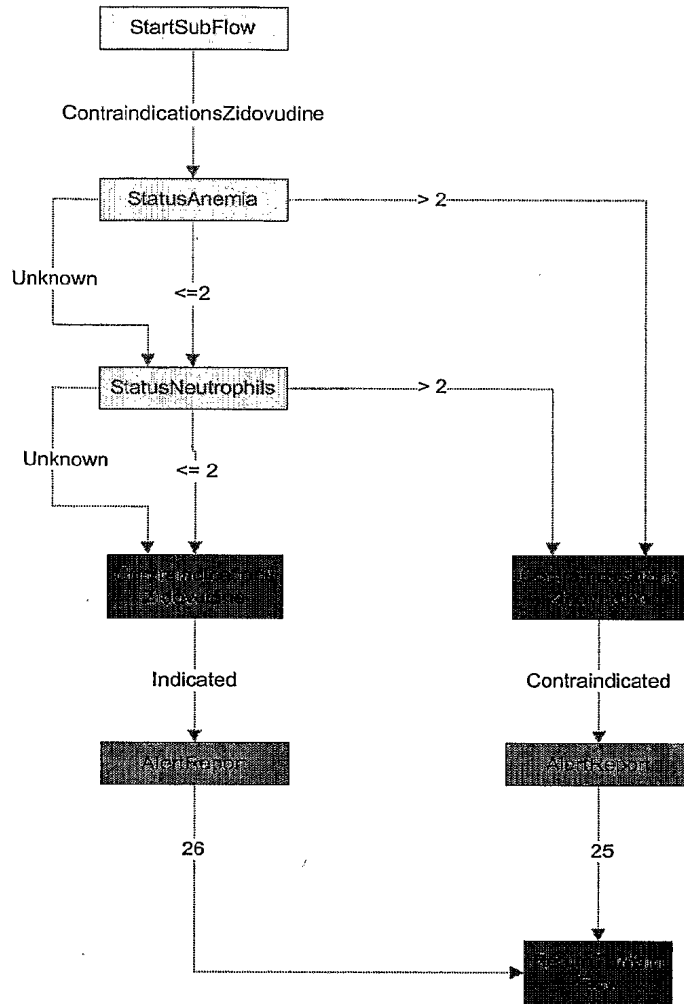


FIG. 22

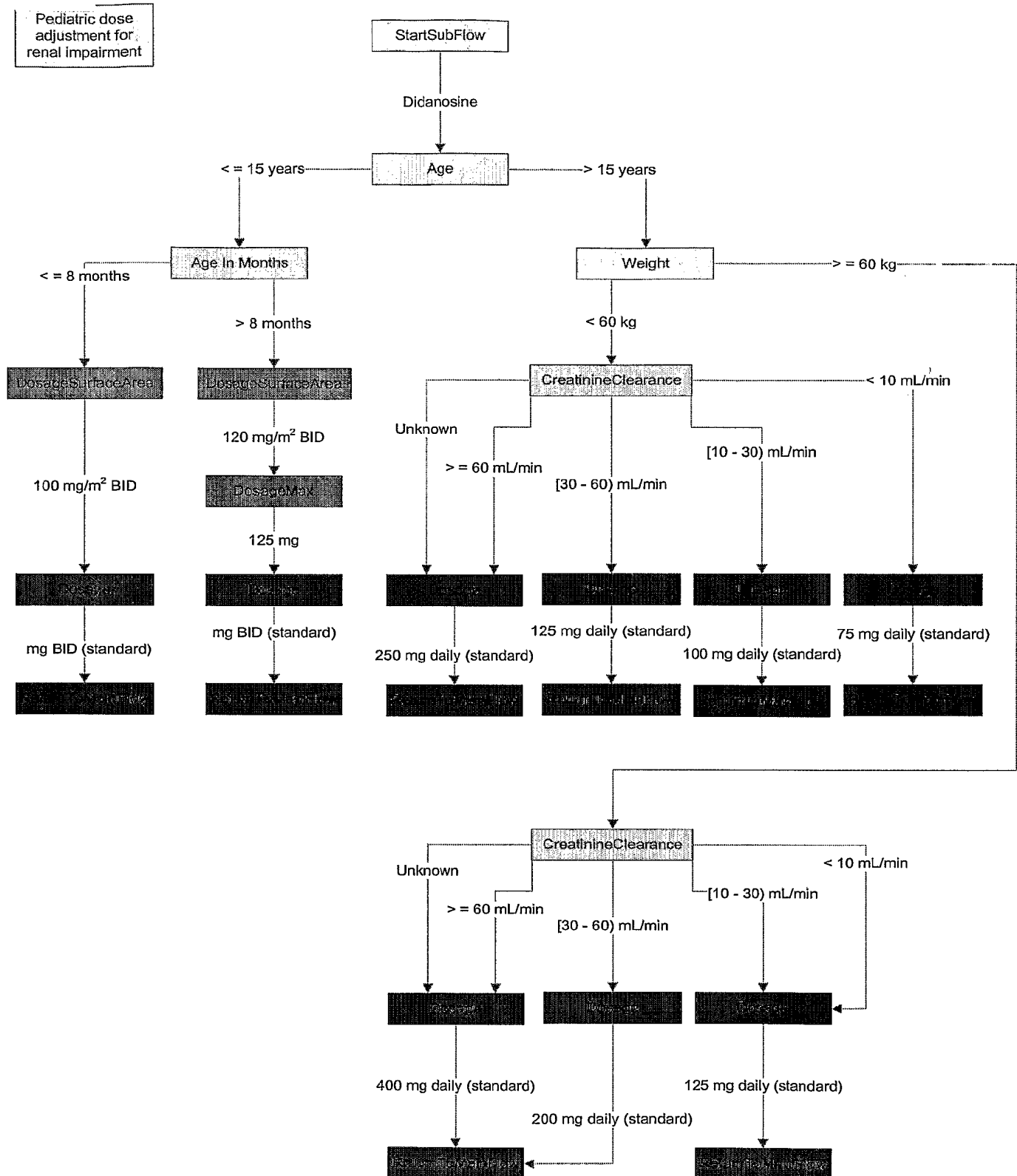


FIG. 23

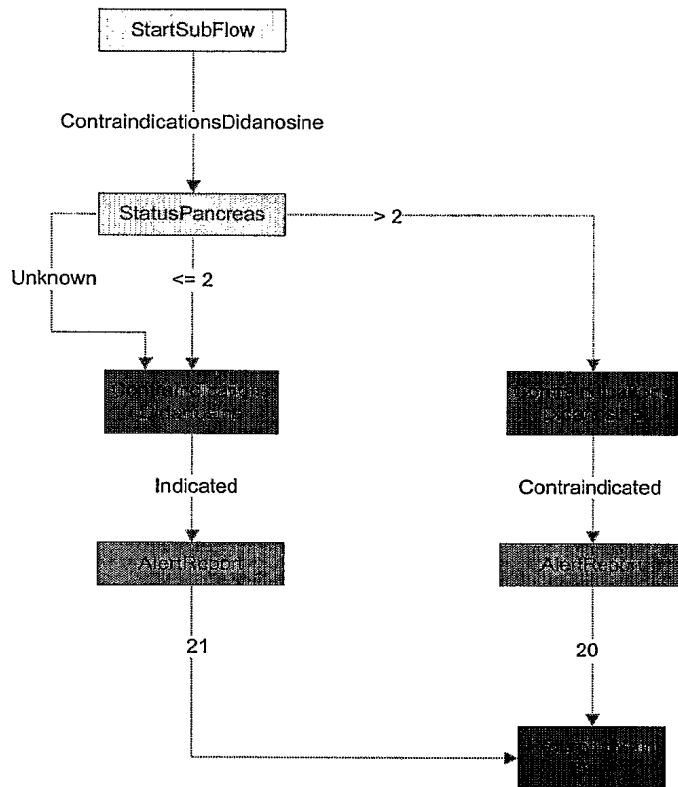


FIG. 24

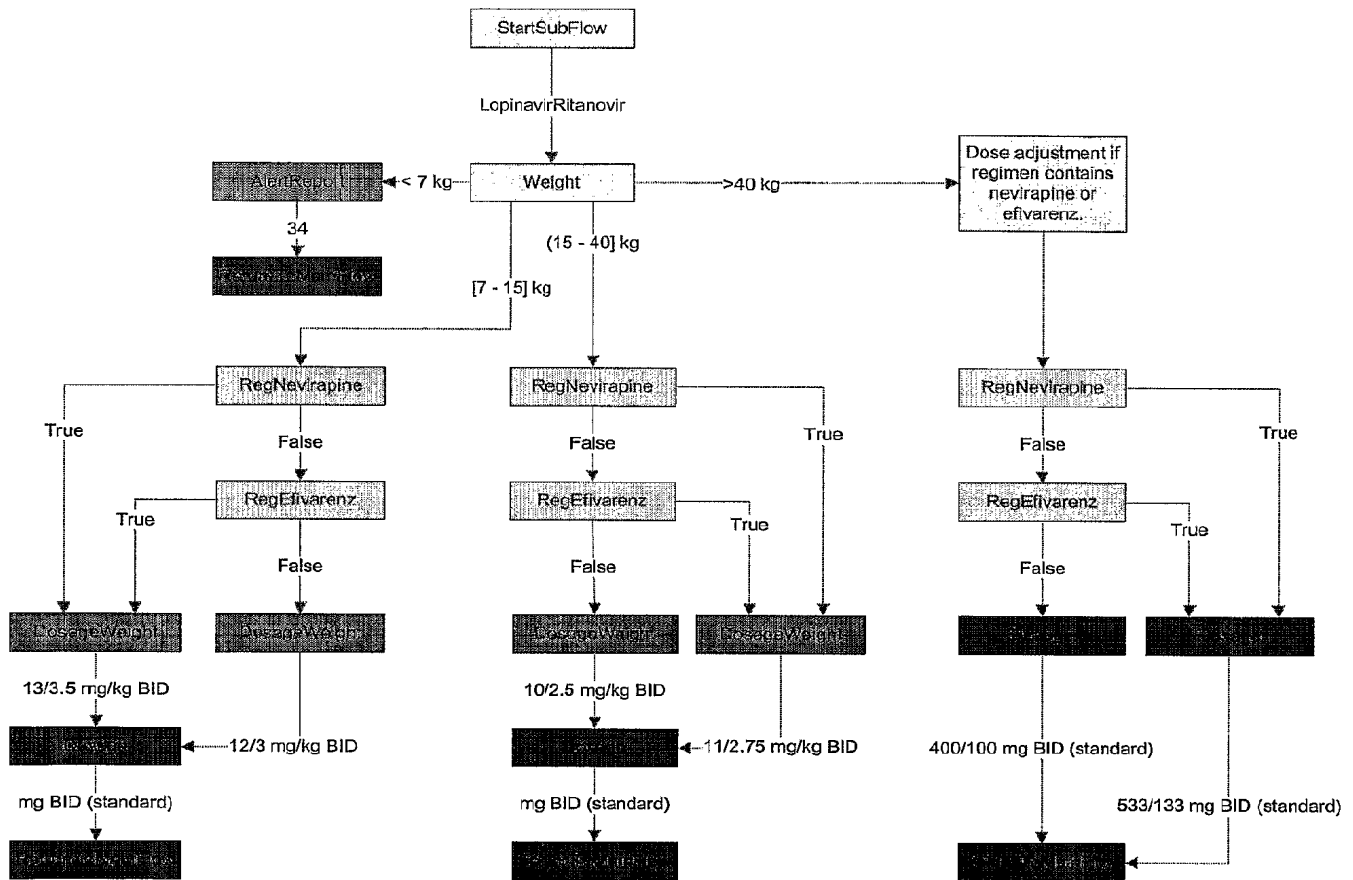


FIG. 25

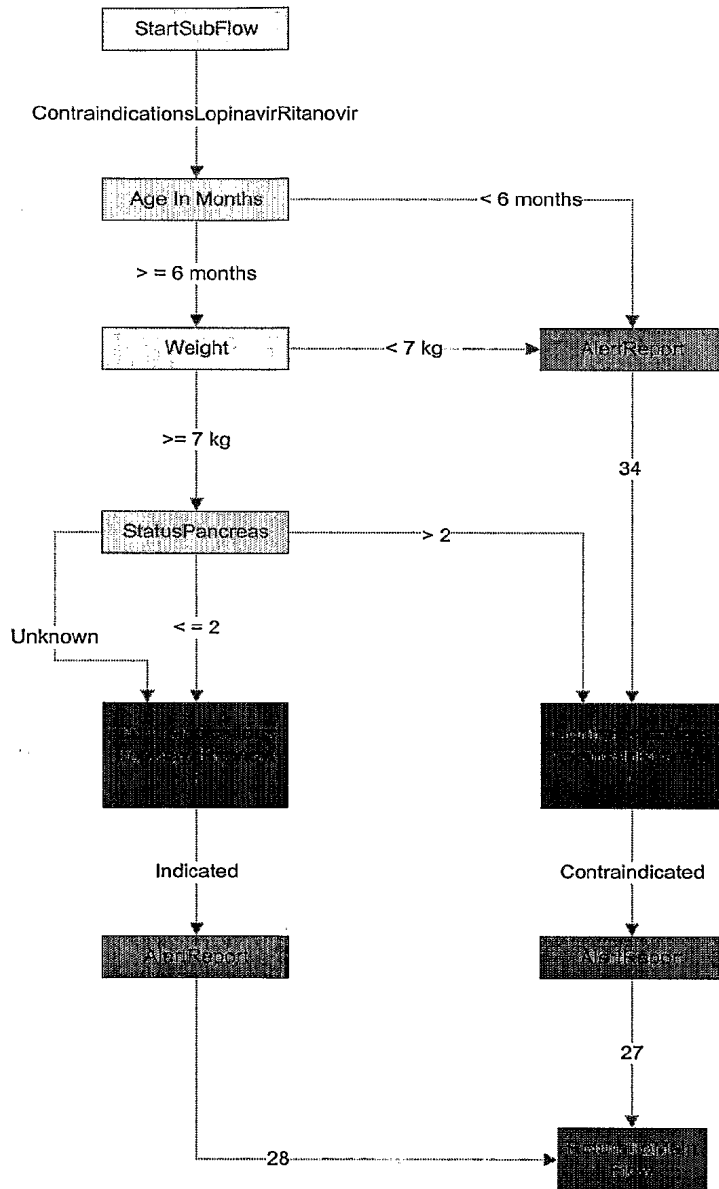


FIG. 26

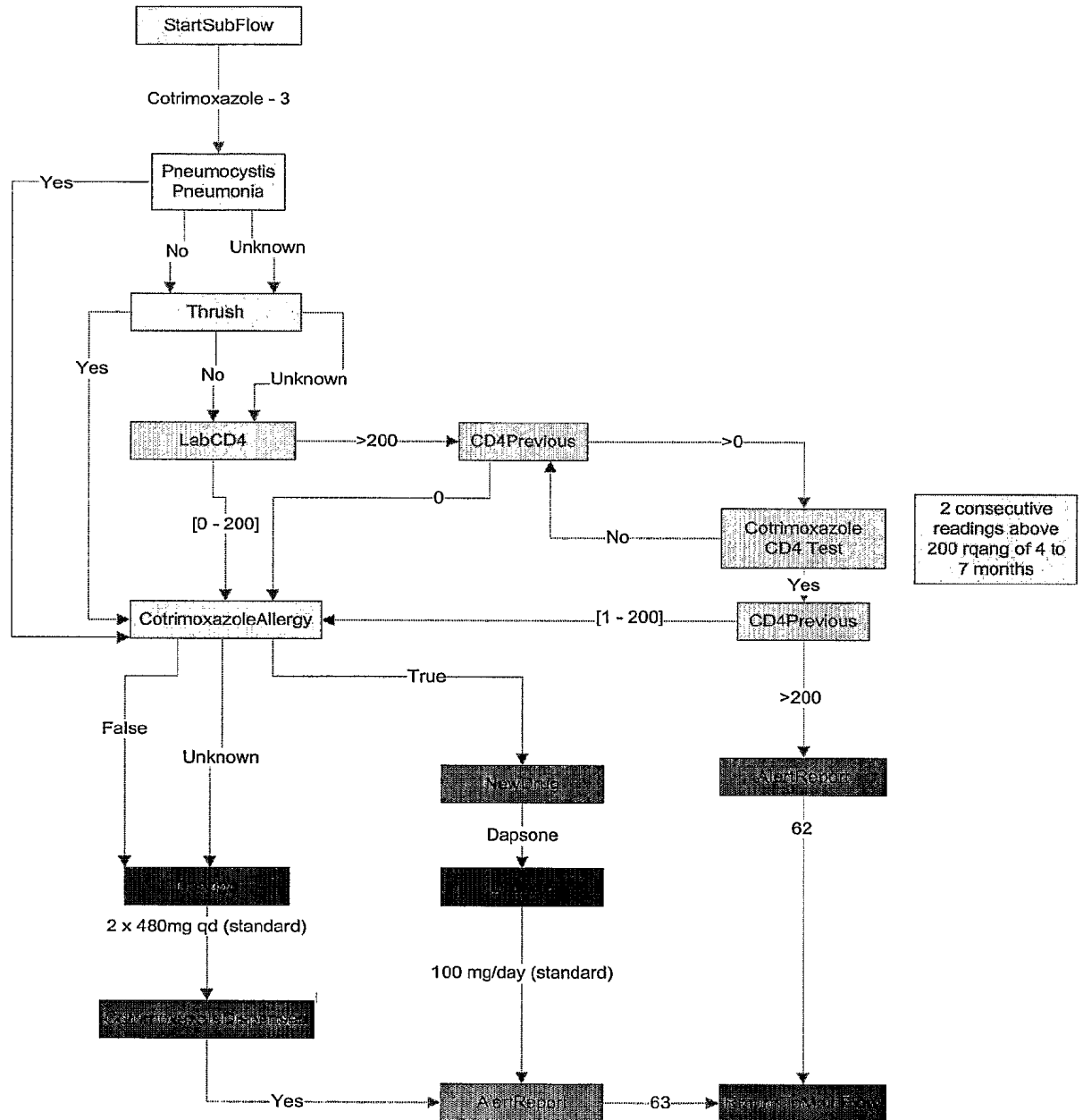


FIG. 27

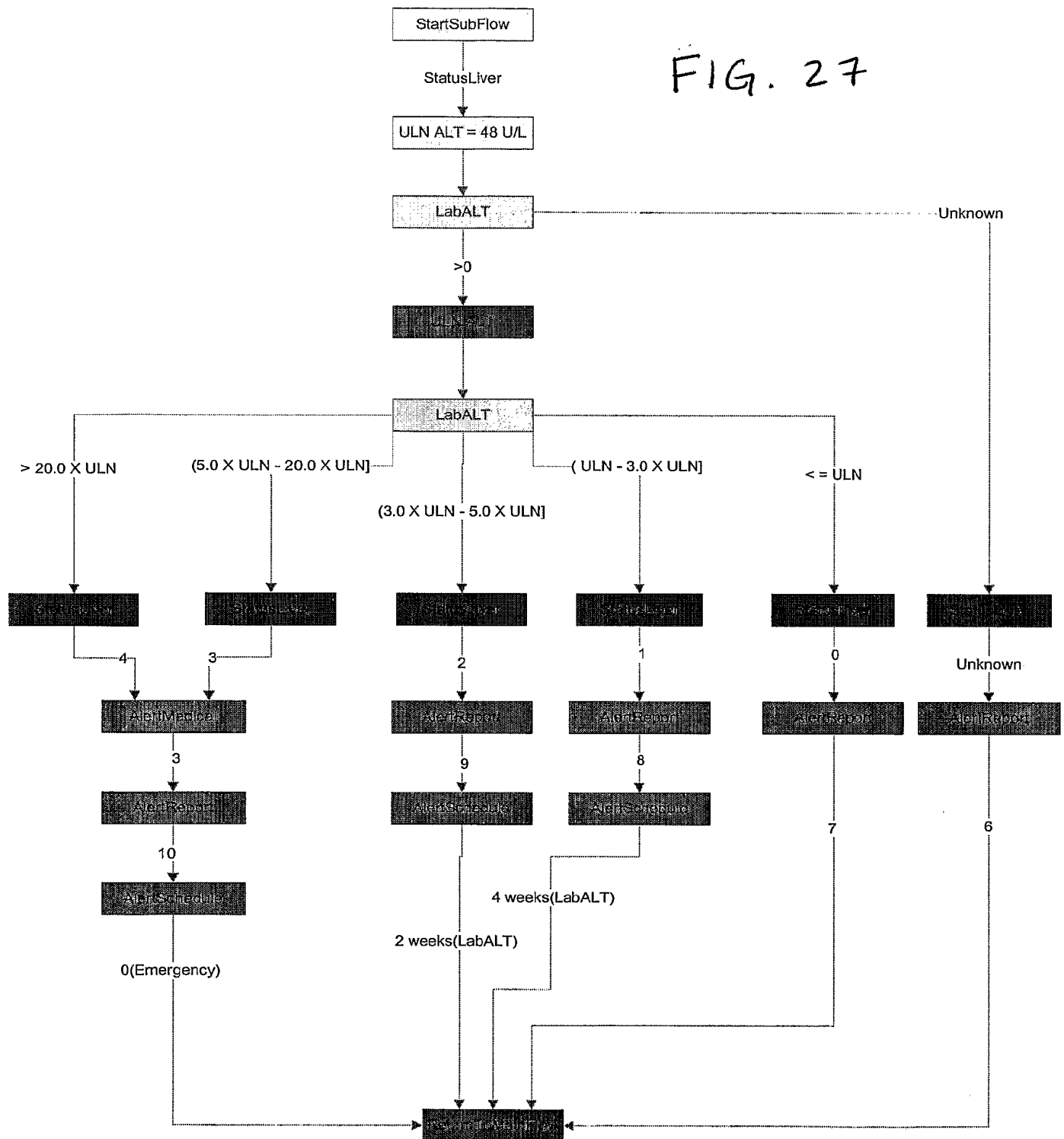






FIG. 29

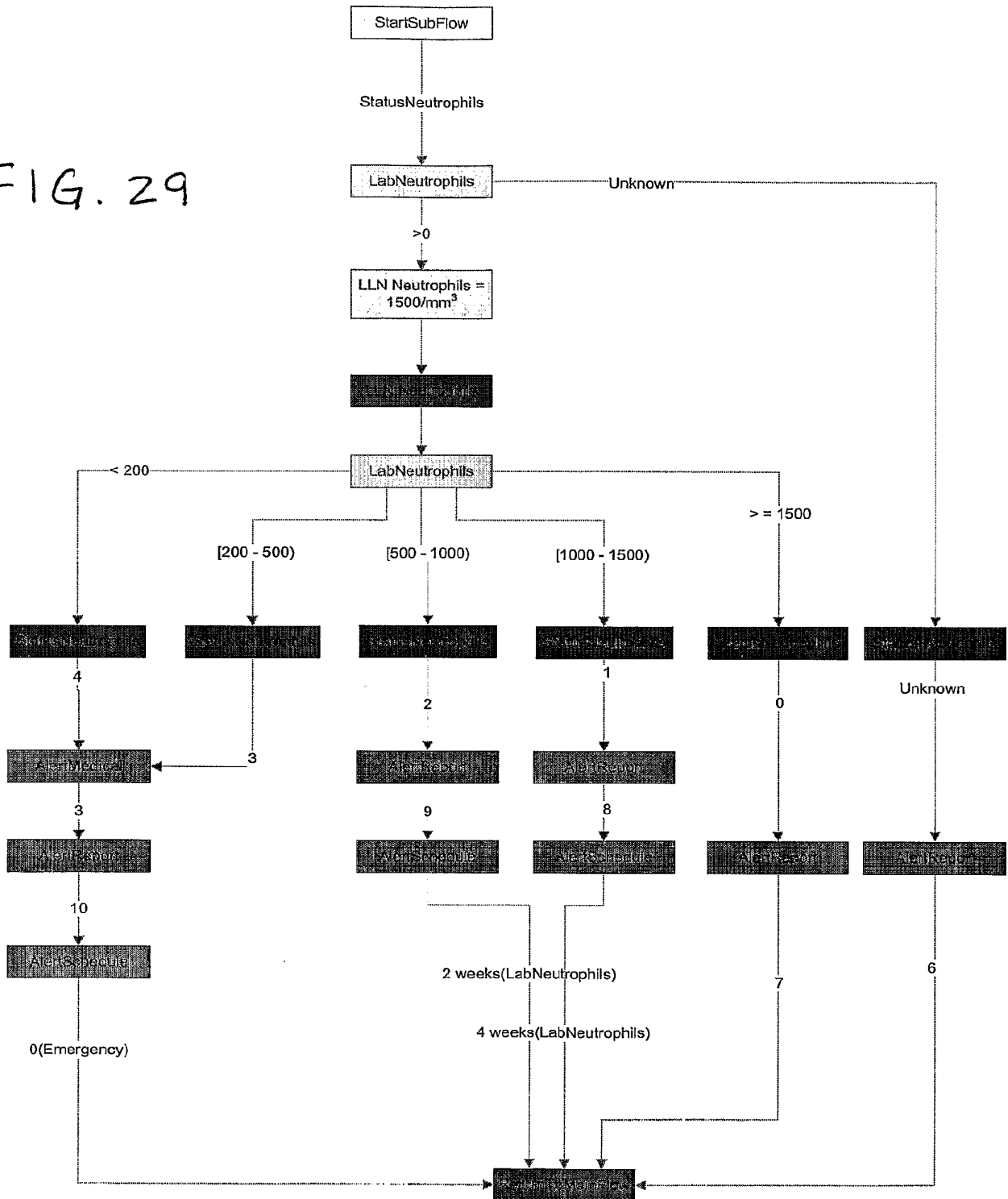


FIG. 30

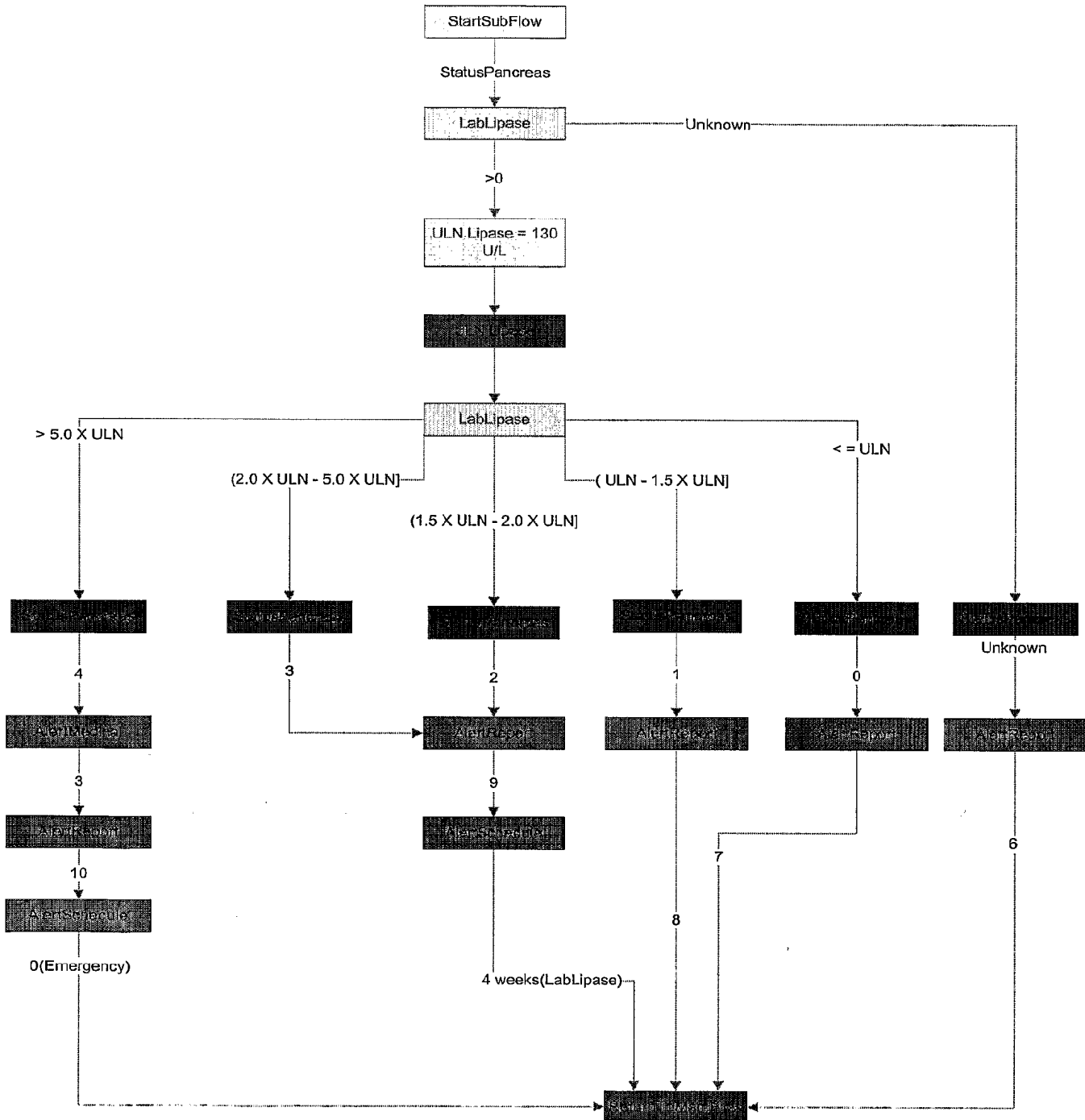


FIG. 31

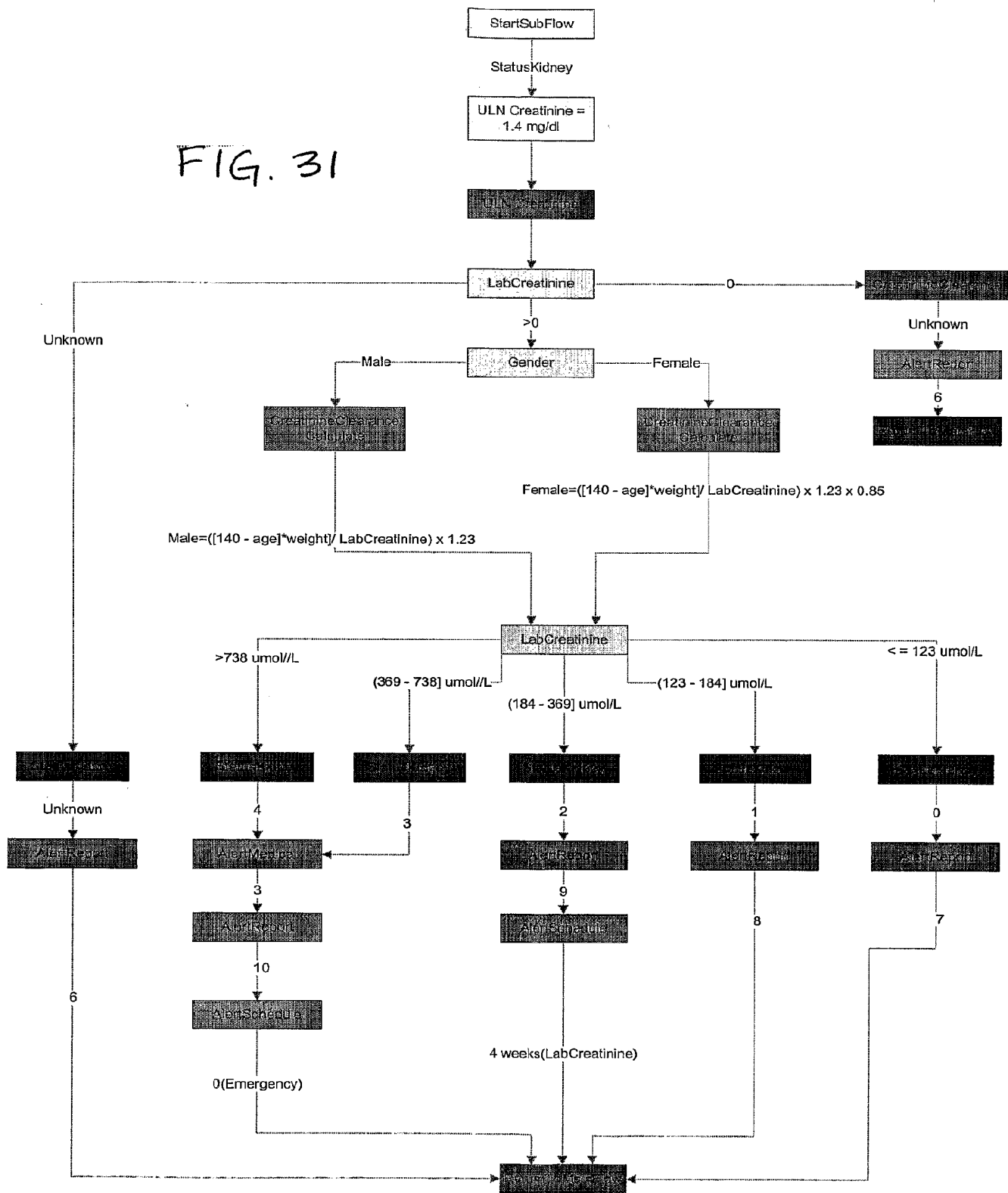


FIG. 32

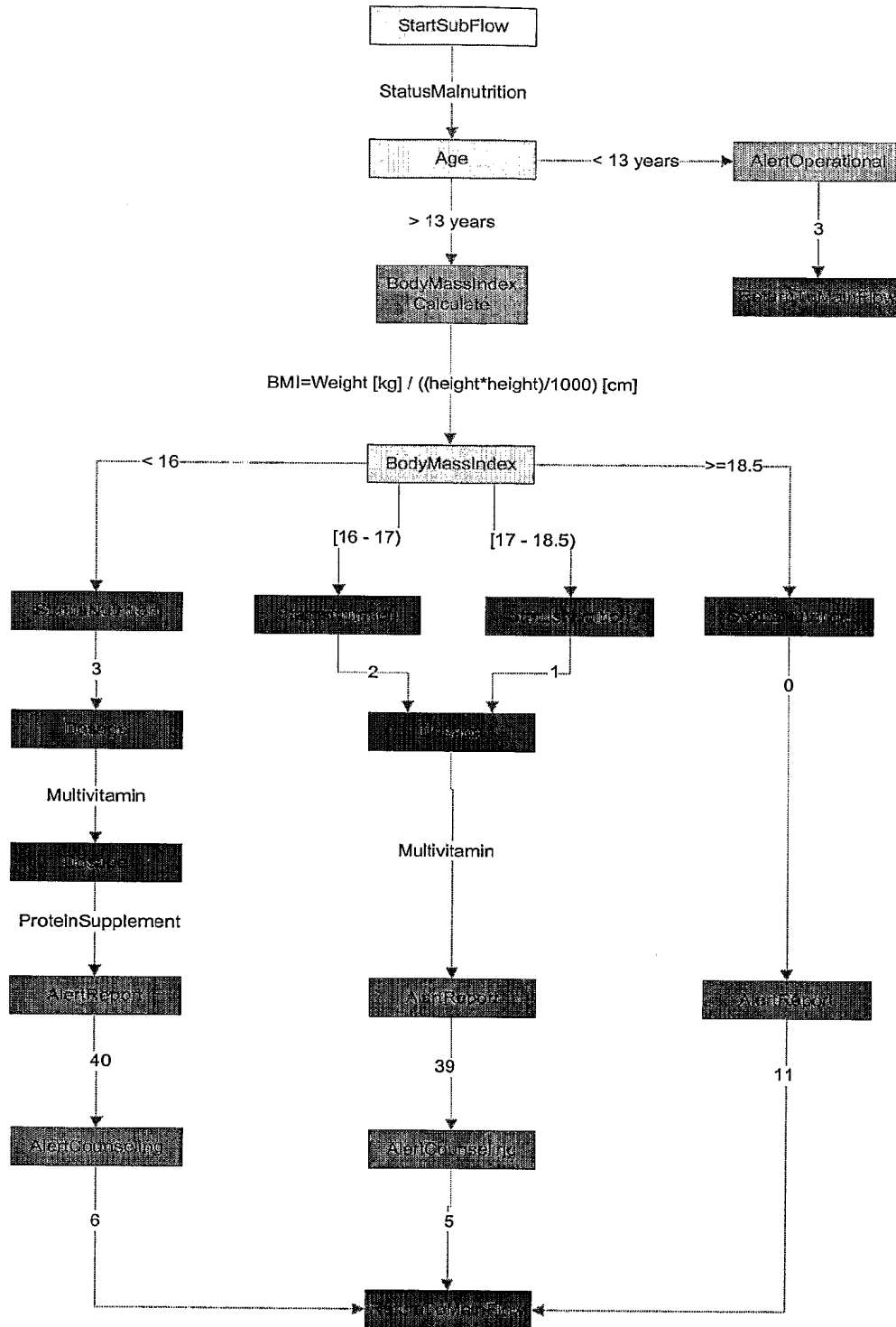


FIG. 33

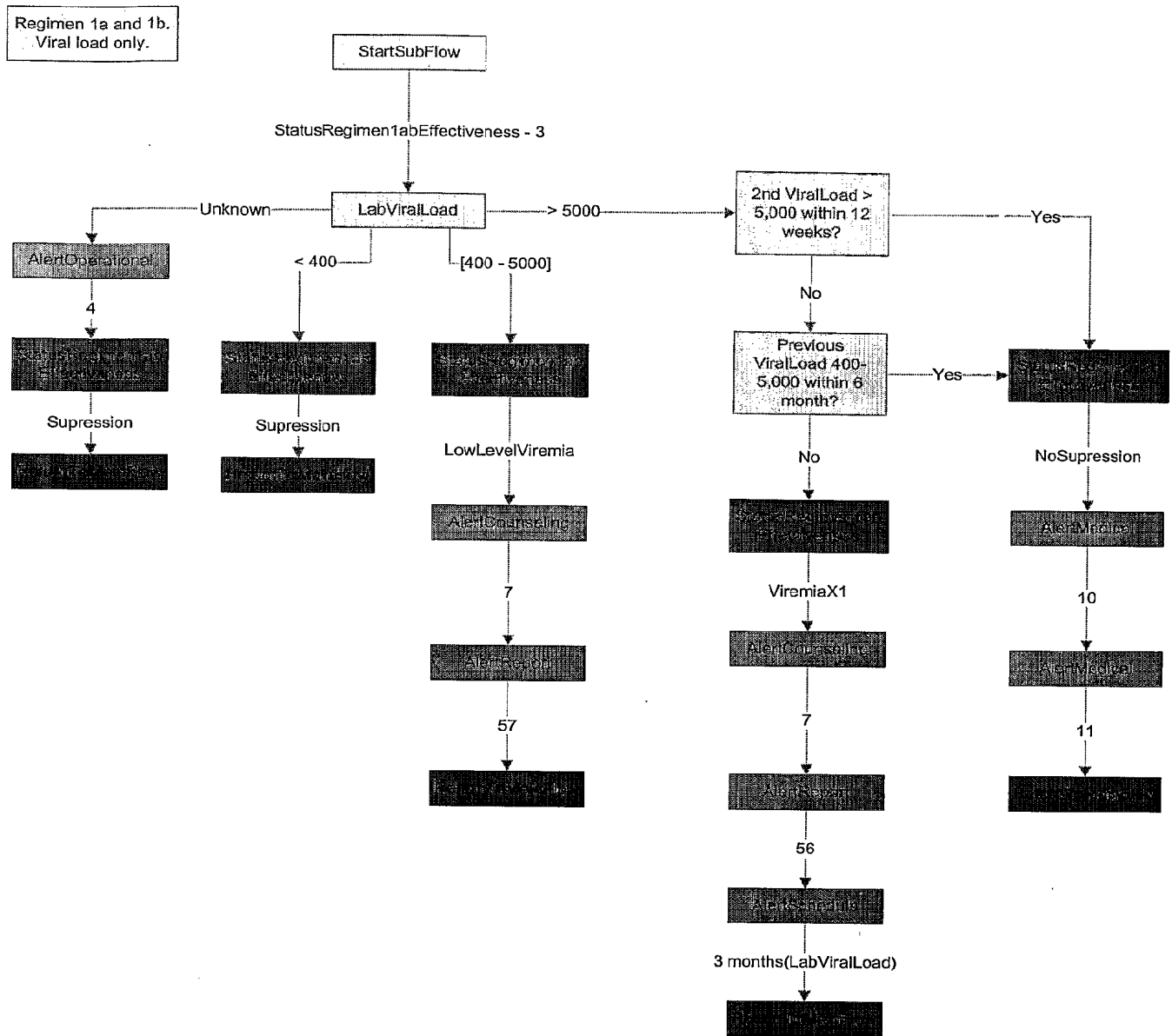


FIG. 34

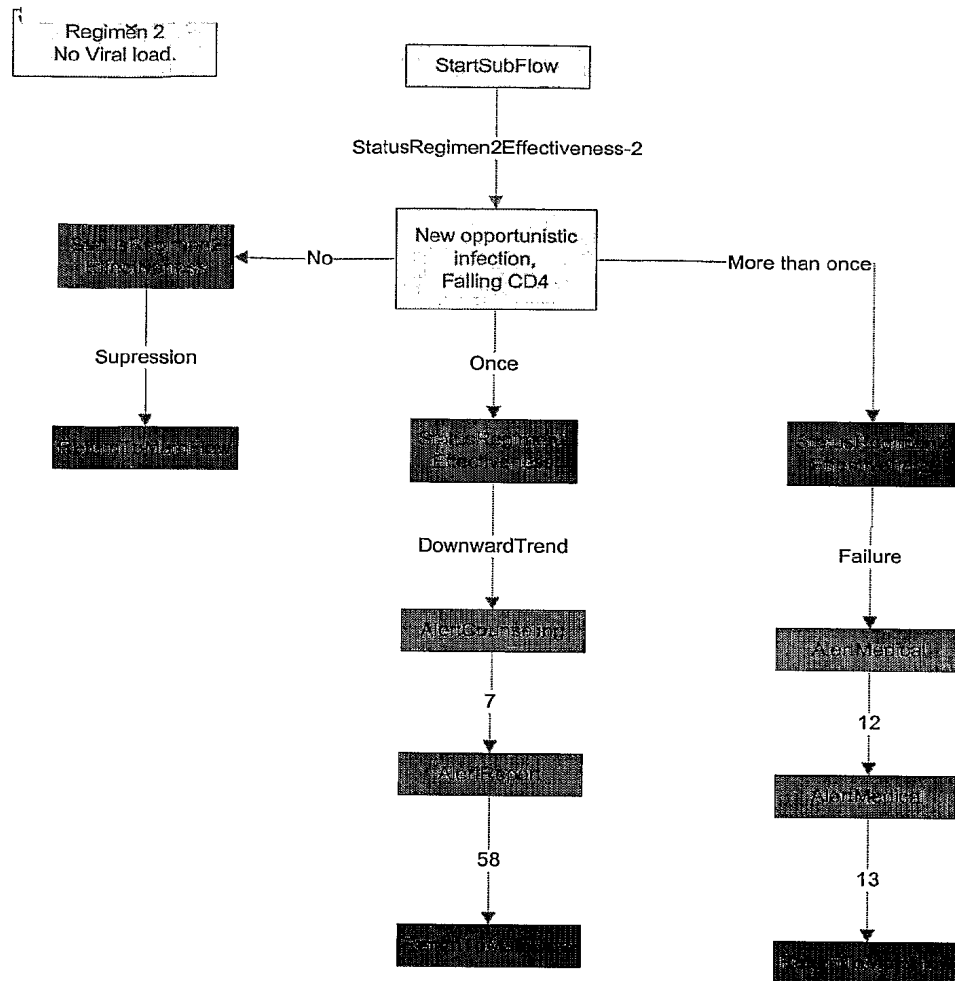


FIG. 35

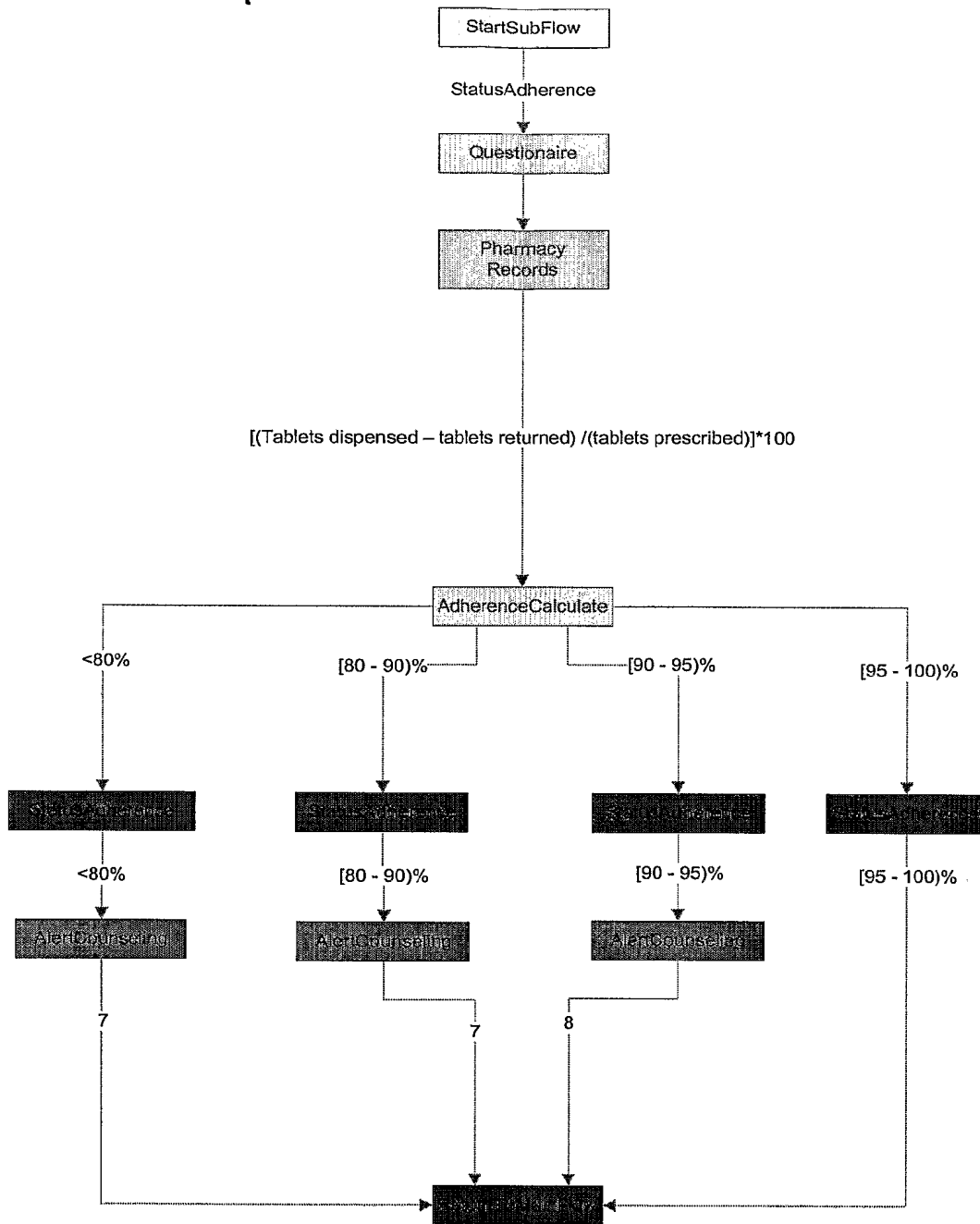


FIG 36

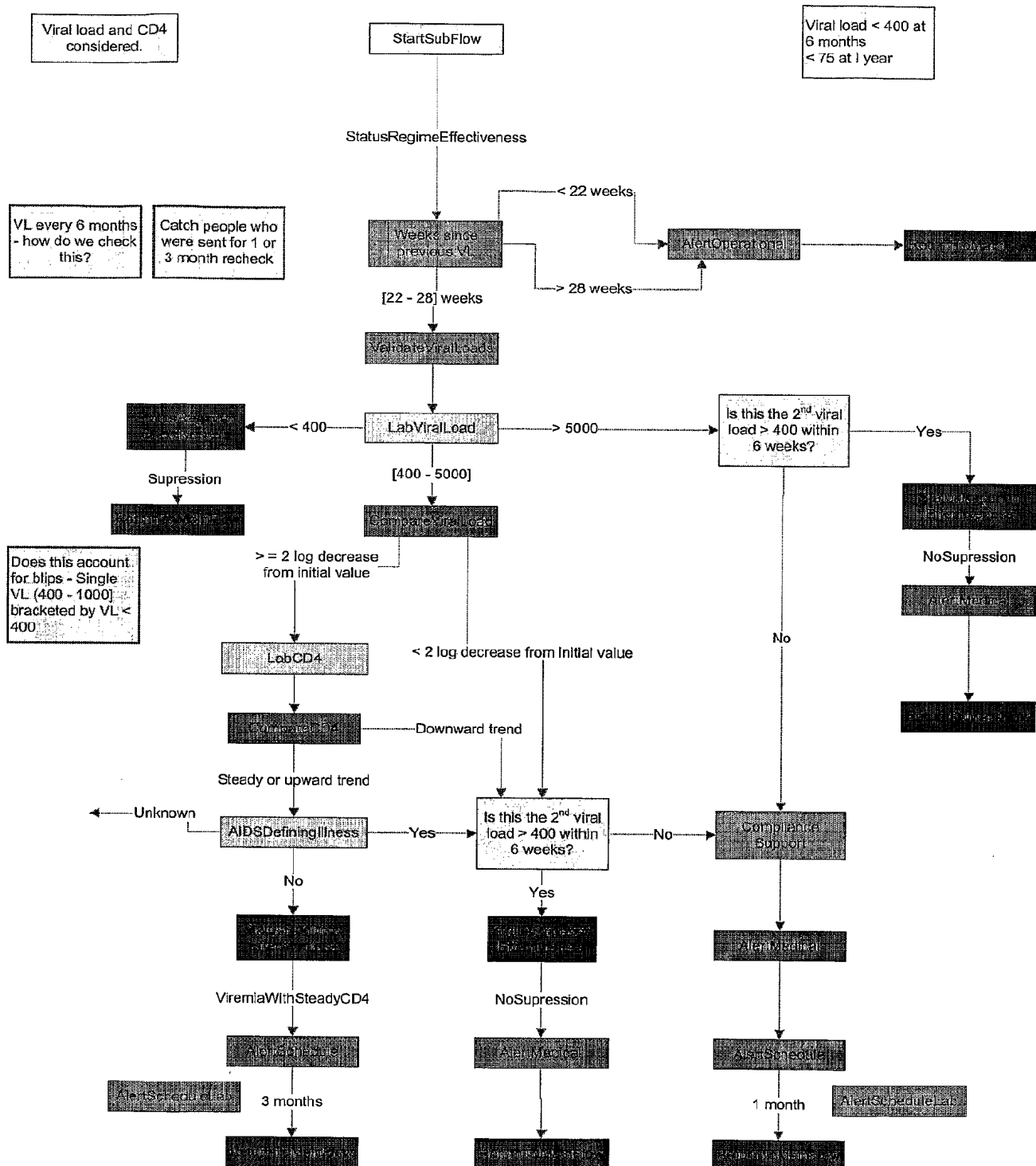




FIG. 37

Master Patient Data Entry

### Master Patient

MasterPatientID	<input type="text"/>	Address1	<input type="text"/>
Title	<input type="text"/>	Address2	<input type="text"/>
First Name	<input type="text"/>	Address3	<input type="text"/>
Middle Name	<input type="text"/>	City	<input type="text"/>
Last Name	<input type="text"/>	Province	<input type="text"/>
Male	<input type="radio"/>	Country	<input type="text"/>
Female	<input type="radio"/>	Zip	<input type="text"/>
Date Of Birth	<input type="text"/> YYYY/MM/DD	Cell Phone	<input type="text"/>
Place Of Birth	<input type="text"/>	Home Phone	<input type="text"/>
Date Of Death	<input type="text"/>	E-mail Address	<input type="text"/>
NationalID	<input type="text"/>	MasterPatientDate	<input type="text"/>
Insurance	<input type="checkbox"/>	MasterPatientDateType	<input type="text"/>

FIG. 38

\*\*\*Data Entry\*\*\* User ID: User Name: Role: Sender: Clinic No.: Clinic Province: Country: Patient ID: 15

### Clinical Data Form

Date Prepared: 2004/12/28 11:59:05 PM 15

Date of Birth: 1979 7 9

Height: 170 cm

Weight: 60 kg

HIV Status

Are you currently on antiretroviral medicine for HIV/AIDS? ☒ YES ☐ NO HAART Reg SA Gov't

Check drugs in regimen:

1A	EFV Efavirenz (Efavirenz)	3AT Zidv (Zidovudine)	3TC 3TC (Lamivudine)
1B	NVP Nevirapine (Nevirapine)	3AT Zidv (Zidovudine)	3TC 3TC (Lamivudine)
2	3AT Zidv (Zidovudine)	3TC 3TC (Lamivudine)	3TC 3TC (Lamivudine)
Unknown			

Do you want to be on medicine for AIDS? ☒ YES ☐ NO

Documented, number positive HIV tests? ☒ 0 ☐ 1 ☐ 2

Female

Gender: ☒ Male ☐ Female

\*\*\*

Reset Cancel

FIG. 39

Windows Title Bar: DataEntry2 - User: [blank] - User Name: Admin Sender - Clinic: [blank] - Clinic Province: Gauteng - PatientID: 15

### Clinical Data Form

**AIDS Defining Illness**

AIDS-defining illness, at present or in the past?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
Pneumocystis Pneumonia - current or previous?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
Thrush - persistent	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>

**Bactrim Compliance**

Allergic to Bactrim?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
Was Bactrim Dispensed?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	
Bactrim Pill Count - Is patient compliant?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	
Has patient kept 3 appointments in a row?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	

**Peripheral Neuropathy**

Pain and/or tingling in hands and/or feet?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
--	------------------------------------	-----------------------------------	--

Buttons: Enter, <<, Reset, Cancel

Status Bar: StatusBar2

FIG. 40

Database: User ID: User Name: Role: Sender: Clinician: Clinic/Province: Gaurang Patient ID: 15

### Clinical Data Form

**Psychological**

Psychological problems, present or in the past: YES NO Unknown

Depression - overwhelming sadness, not related to any event: Depression

Thoughts or attempts of suicide: Suicide

Previous mental illness requiring treatment/hospitalization: Mental Illness

**Regimen Failure**

Has patient failed Regimen 1a: YES NO Unknown

Has patient failed Regimen 1b: YES NO Unknown

**Nevirapine Resistant**

Nevirapine Resistant - proven: YES NO Unknown

**Nevirapine**

On Nevirapine within last month? YES NO

Enter

<< Reset Cancel

FIG. 41

Clinical Data Form

User ID: 1    Username: Admin    Sender:    Clinic No: 1    Clinic Province: Gaurang    Patient ID: 15

**TB Status**

Treatment for active TB in the past 2 years?

Is your treatment for active TB complete?

Are you being treated for active TB now?

Are you taking Isoniazid to prevent TB now?

**TB Symptoms**

Cough > 2 weeks

Fever > 2 weeks

Night sweats

Weight loss > 1.5 kg in past 4 weeks

FIG. 42

Data Entry User ID: 3 User Name: Adele Sender Clinic: 1 Clinic Province: Gauteng Patient ID: 15

### HAART Prep Form

Operations

Safer Sex Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Work Issues Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Legal Protection Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Nutrition Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Drug Literacy Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Assessment Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>

FIG. 43

LabFormLab - User ID: 5 - User Name: Apple Sender - Clinic: Cape Town - Clinic Province: Gauteng - Patient ID: 75

### Lab Form

Patient ID: 75

Previous Lab: 11/24/2004 LABS Complete: No

			YYYY	MM	DD	Previously Ordered	
Current CD4	30	Cells/mL	Unknown	2004	12	27	Not Ordered
Previous CD4	45	Cells/mL	2004	11	24		Today's Date
Viral Load		copies/mL	Unknown				Replicate Date
Liver - ALT		U/L	Unknown				Reset Dates
Hemoglobin		g/L	Unknown				
Neutrophils		%WBC	Unknown				
Lipase		U/L	Unknown				
Creatinine		umol/L	Unknown				
TB Skin Test	Positive	Negative	Unknown				
Sputum - TB	Positive	Negative	Unknown	2004	12	27	

Error - Correct Lab Error

Reset Error Cancel

Reset Override

FIG. 44

Lab Entry Lab User ID: User Name: Lab Sender: Clinic ID: Clinic Province: Gauteng Patient ID: 15

### Labs Form

Patient ID: 15

Previous Lab: 11/24/2004 LABS Complete:

	YYY	MM	DD	Previously Ordered
Current CD4: 30 Cells/mL: <input type="button" value="Unknown"/>	2004	12	27	<input type="button" value="Not Ordered"/>
Previous CD4: 45 Cells/mL:	2004	11	24	
Viral Load: <input type="button" value="Unknown"/>				
Liver - ALT: <input type="button" value="Unknown"/>				<input type="button" value="Not Done"/>
Homoglobin: <input type="button" value="Unknown"/>				
Neutrophils: <input type="button" value="Unknown"/>				
Lipase: <input type="button" value="Unknown"/>				
Creatinine: <input type="button" value="Unknown"/>				
TB Skin Test: <input type="button" value="Positive"/> <input type="button" value="Negative"/> <input type="button" value="Unknown"/>				
Sputum - TB: <input type="button" value="Positive"/> <input type="button" value="Negative"/> <input type="button" value="Unknown"/>	2004	12	27	

Lab Entered:



FIG. 45

Main Menu: PatientID: 3 User: Manager, Admin, Sender Clinic: No. 1 Clinic: Province: Gauteng PatientID: 15  
New Patient Existing Patient Reports Values

PatientID: 15 Today's Date: 2004/12/27

Print Close

Alerts: High Medium Low  
☒ Active TB - requires treatment  
☒ Signs of active TB

Medication:  
☒ Bactrim 2x480mg qd (standard)

Next Appointment:  
☒ Regular Scheduled 2005/01/05  
☒ Labs: ALT

Healthy Living:

Gender: Male  
Age: 25  
Weight: 60 kg  
Height: 170 cm

Regimen: 1a  
5 Weeks

Current CD4: 30 Cells/mL 2004-12-27  
Previous CD4: 45 Cells/mL 2004-11-24  
Viral Load  
Liver - ALT  
Hemoglobin  
Neutrophils  
Lipase  
Creatinine  
TB Skin Test  
TB Sputum: Positive 2004-12-27

HIV Status: G HAART Candidate: R Compliance: R Effectiveness: R

FIG. 46

Print preview UserID: 3 User Name: Arie Sender Clinic: Info Province: Batureng PatientID: 15 Page 1

Close

### Patient Flow Analysis

PatientID	Date
15	2004/12/27

**Alerts High**  
Active TB - requires treatment  
Signs of active TB

**Alerts Medium**  
Bedrim prophylaxis indicated

**Alerts Low**  
(Status Liver) unknown  
Nutrition within normal limits

**Medication**  
Bactrim 2x 480mg qd (standard)

**Next Appointment**  
Regular Scheduled 2005/01/05  
Lab: ALT

**Healthy Living**

**Gender:** Male  
**Age:** 25  
**Weight:** 60 kg  
**Height:** 170 cm

**Regimen**  
1A  
5 Weeks

**Current CD4:** 30 Cells/mL 2004-12-27  
**Previous CD4:** 45 Cells/mL 2004-11-24  
**Viral Load:**  
**Liver - ALT:**  
**Hemoglobin:**  
**Neutrophils:**  
**Lipase:**  
**Creatinine:**  
**TB Skin Test:**  
**TB Sputum:** Positive 2004-12-27

HIV Status	HAART Candidate	Compliance	Effectiveness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MSN Messenger Options  
spack5@red.com has just signed in.  
MSN

FIG. 47

Display Patient		Creation Date	2004/12/27 12:01:45 AM	Patient ID	15
Date of Birth	15/9/07/05				
Height	170	cm			
Weight	60	kg			
Are you currently on antiretroviral medicine for HIV/AIDS?	YES	NO	NAART Reg. BAC or 1a		
Do you want to be on medicine for AIDS?	YES	NO		Select	
Documented, number positive HIV tests?	0	1	2		
Gender:	Male	Female		Print	
				Close	
AIDS-defining illness, at present or in the past?	YES	NO	Unknown		
Pneumocystis Pneumonia - current or previous?	YES	NO	Unknown		
Thrush - persistent	YES	NO	Unknown		
Allergic to Bacrim?	YES	NO	Unknown		
Was Bacrim Dispensed?	YES	NO			
Bacrim Fill Count - Is patient compliant?	YES	NO			
Has patient kept 3 appointments in a row?	YES	NO			
Pain and/or tingling in hands and/or feet?	YES	NO	Unknown		
Psychological problems, present or in the past	YES	NO	Unknown		
Has patient failed Regimen 1a	YES	NO	Unknown		
Has patient failed Regimen 1b	YES	NO	Unknown		
Nevirapine Resistant - proven	YES	NO	Unknown		
On Nevirapine within last month?	YES	NO			
Treatment for active TB in the past 2 years?	YES	NO	Unknown		
Is your treatment for active TB complete?	YES	NO	Unknown		
Are you being treated for active TB now?	YES	NO	Unknown		
Are you taking Isoniazid to prevent TB now?	YES	NO	Unknown		
Cough > 2 weeks	NO	YES			
Fever > 2 weeks	NO	YES			
Night sweats	NO	YES			
Weight loss > 1.5 kg in past 4 weeks	NO	YES			

FIG. 48

Appointment Evaluation    Date: 04/12/05    Username: Admin    Clinic: No. 1    Clinic: Province: California    Patient ID: 12

### Appointment Status

Patient ID

HAART Regimen Start: 2004/11/24    Regimen: HAARTRegSAGov1a  
Last Appointment: 2004/12/27  
Weeks since HAART initiated: 5    Next Scheduled Appointment: 2005/01/19  
Patient Appointment due in 3 weeks

Procedures to be performed

☒ Drug Pickup  
☒ Education  
☒ Physical Exam - Doctor

Lab Tests

☒ ALT

FIG. 49

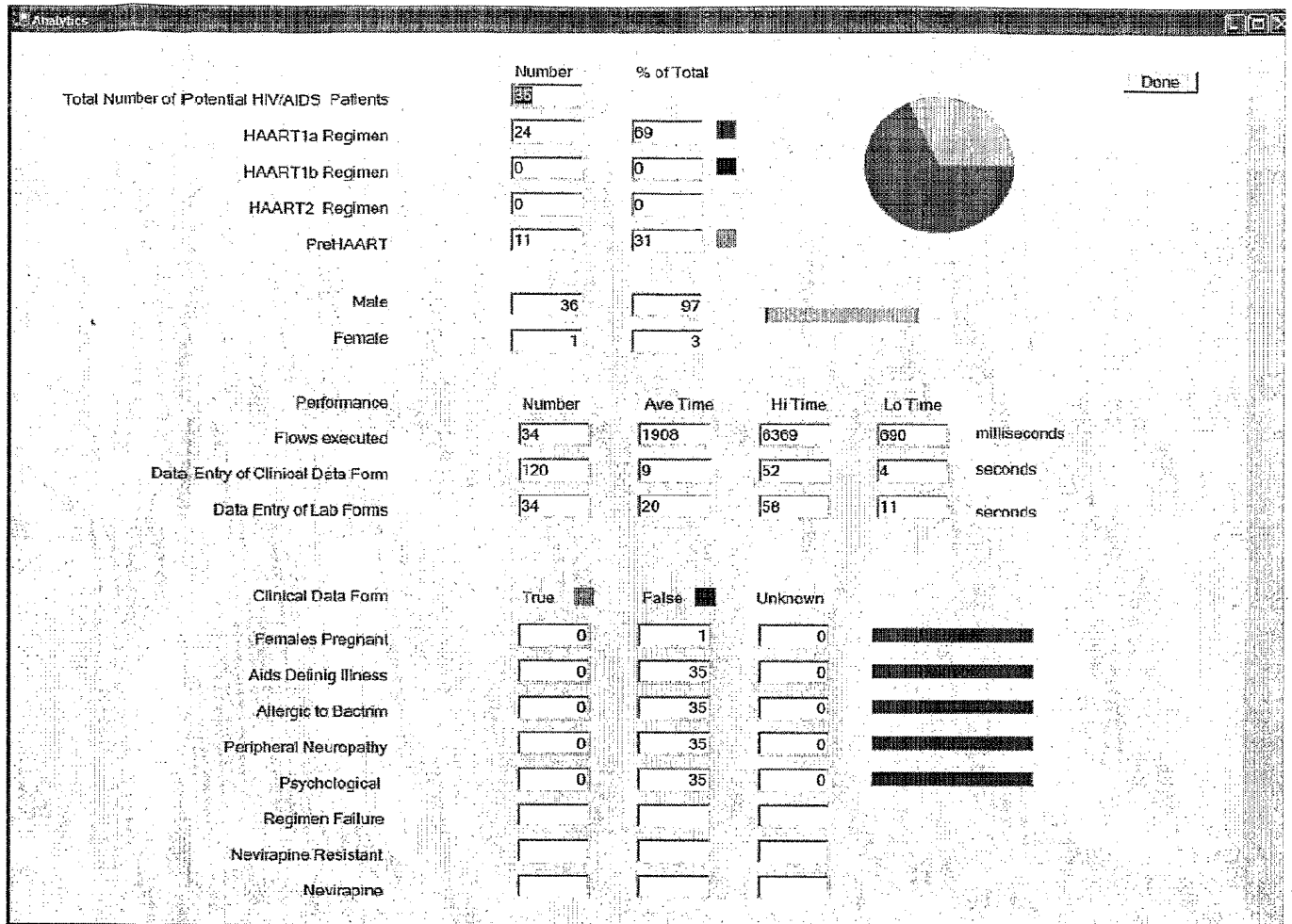


FIG. 50

Display Log    UserID: 3    UserName: Adale Sender    ClinicNo: 1    ClinicProvince: Gauteng    PatientID: 1		
Print    Export    Close		
PatientID: 1	12/26/2004 6:38:25 PM	
StartMainFlow	15	Gauteng - 9
DetermineAgeCategory	14	
StartSubFlow	15	DetermineAgeCategory
Age	7	25 ; >=14years
AgeCategory	11	: Adult
ReturnToMainFlow	2	
AgeCategory	7	Adult ; Adult
ClinicalDataFormComplete	7	Yes ; Yes
LabsComplete	7	Yes ; Yes
AIDSDefiningIllness	5	No ; No
Gender	7	Male ; Male
ConfirmHIVStatus	14	
StartSubFlow	15	ConfirmHIVStatus - 3
StatusGeneral	7	NoHAART ; NoHAART
HIVStatusConfirmed	7	2 ; 2
AlertReport	5	1 ; 1
HIVStatusConfirmed	7	2 ; >1
ReturnToMainFlow	2	
HIVStatusConfirmed	7	2 ; 2
Bactrim	14	
StartSubFlow	15	Bactrim - 2
PneumocystisPneumonia	5	No ; No
Through	5	Unknown ; Unknown
LabCD4	7	250 ; >200
CD4Previous	7	250 ; >0
Bactrim CD4 Test	7	Yes ; Yes
CD4Previous	7	250 ; >200
AlertReport	5	62 ; 52
ReturnToMainFlow	2	
StatusMalnutrition	14	
StartSubFlow	15	StatusMalnutrition
Age	7	25 ; >13years
BodyMassIndexCalculate	5	20.7612456747405 ; BMI=Weight (kg) / ((height*height)/1000) (cm)
BodyMassIndex	7	20.7612456747405 ; >=18.5
StatusNutrition	11	0 ; 0
AlertReport	5	11 ; 11
ReturnToMainFlow	2	
StatusLiver	14	
StartSubFlow	15	StatusLiver
ULN ALT = 48 U/L	15	No Value
LabALT	7	Unknown ; Unknown
StatusLiver	11	Unknown ; Unknown
AlertReport	5	6 ; 6
ReturnToMainFlow	2	
StatusActiveTB	14	
StartSubFlow	15	StatusActiveTB
TBActiveTreatmentComplete	5	Unknown ; Unknown
TBActiveTreatmentCurrent	5	No ; No
Cough > 2 weeks	5	No ; No
Fever > 2 weeks	5	Yes ; Yes
AlertMedical	5	5 ; 5
LabTBSputum	7	Unknown ; Unknown
StatusActiveTB	7	Ordered ; Ordered
AlertOperational	5	5 ; 5
ReturnToMainFlow	2	